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California ADRC Final Evaluation Report

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In the true spirit of continuous quality improvement, the evaluation for this project involved a team effort in program planning and development along with problem identification and testing of solutions with everyone working together toward meeting the goals of the ADRC initiative. It has been and will continue to be an ongoing process.

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Executive Summary

In April 2004, the Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS) awarded the California Department of Aging (CDA) a three-year grant to develop Aging and Disability Resource Centers (ADRCs) in Del Norte and San Diego Counties. The concept of the ADRC is that it will serve consumers, caregivers and service providers as a "one stop" source of easily accessible, understandable information, assistance and linkages to the full range of aging, disability, long term care service and support options that promote informed decision-making, individual choice, and healthy aging behaviors. Since July, 2004, the Area 1 Agency on Aging in Del Norte County (A1AA) and San Diego County Aging & Independence Services (AIS) have been working with state and federal agencies and local consumers, caregivers, health and social service providers and agencies to augment and improve existing virtual and physical infrastructure components to develop their ADRCs.

A special challenge of the California ADRC project was that it focused on two very different counties with their own unique approaches to the development and improvement of their ADRC strategies. The intent in choosing these two counties was to learn from the significant contrast in their approach to ADRC development. San Diego chose to emphasize the use and improvement of Trilogy Integrated Resources' Network of Care (NoC) website linked to the county's Aging and Independence Services (AIS) Call Center. Del Norte's proposal relied on consolidating existing resources into an ADRC with much less emphasis on web resources.

Both counties developed work plans that were structured according to the five ADRC areas of visibility, trust, accessibility, responsiveness, and efficiency/effectiveness. The evaluation followed continuous quality improvement (CQI) methods in San Diego and process improvement in Del Norte, guided by an extensive review of methods published on-line and in the literature.

The principles and criteria used to critique the Internet services of both counties were evidence-based. Research has shown that successful website design is an iterative process, involving repeated testing by several complementary methods. Responsiveness to users' needs is achieved by following guidelines, expert review, direct and indirect observation of users' real-life practices, network auditing, and surveying users. All of these methods were employed. Many of the insights from research have been distilled for developers on the U.S. Department of Health and Human Services website, *Usability.gov*.

San Diego's Network of Care website was reviewed informally, by frequent discussions, and formally, by a series of three surveys of the network as a whole and another series of three surveys of Long Term Care Options Counselor, a location on the site that concentrates information on all aspects of planning ahead for challenges to be expected later in life. San Diego ADRC also receives monthly auditing reports from Webtrends. By tracking this information over time, San Diego can determine which of its web pages are successful and which might need revision.

In response to feedback, San Diego NoC has been enhanced for the public by two major informational sections, Falls Prevention and Long Term Care Options Counselor, highlighted by

icon buttons on the home page. A google-like search function to complement the existing taxonomy driven access to key sources of information was added. Computer-translated articles have been replaced by human-translated articles to offer greater clarity of content to non-English speaking users. Users can provide feedback online, and there is a message board for postings by consumers. The extent and variety of services is more visible with a link to the County-sponsored mental health section added to the San Diego NoC. The focus of the ADRC web page was also enhanced with a new link to San Diego Access to Independence (A2i), a major service for persons with disabilities.

For AIS Call Center professionals, a dedicated version of NoC was developed. That addition to their internal resources enabled them to use New Call, a dedicated page on the website, to record demographic information about callers, respond to them by e-mail, and follow-up with further information. Trilogy, the developer of NoC, makes monthly corrections and additions to the database, using information from Call Center staff. There is a process for adding providers of services to the database, and for-profit providers can now be included.

Those seeking services or information can now get them directly by going to the San Diego NoC web page themselves or through the Call Center service, as they did before. The effect is additive, as shown by data collected through Network of Care's auditing service, Webtrends. More consumers are served.

Greater integration of the health care professional community developed as a result of the frequent meetings and discussions during the pilot project. The San Diego ADRC is now the San Diego Aging and Disability Resource Connection, a partnership of three services, the Aging and Independence Services, the Network of Care, and San Diego Access to Independence (A2i). The partnership has improved connections to the local 2-1-1, a nationwide network of information and referral services, and to Trilogy, NoC's developer. The Long Term Care Integration Project Planning Committee and interested local physicians provided many of the recommendations that have been adopted. An extensive marketing and outreach campaign aims to involve many more health care and social service professionals and community agencies. There are plans to use the SD NoC web page as the source for new training on community team care designed to encourage better patient/client care coordination among health and social service providers.

Building the Del Norte Community Wellness Center was the main thrust of activity for persons involved in the ADRC. The building was opened in August, 2007. It will be the physical home of the InfoCenter and the A1AA-ADRC's "one stop shop." It will also house services to the community of persons with disabilities, as partnerships with Lighthouse of the North Coast and the Independent Living Center are established.

Outreach has been focused on consumers' needs identified by Del Norte staff. Explanations of the Medicare prescription program, through radio presentations, written flyers, and the annual health fair, were the top priority; Del Norte initiated additional contacts with seniors, Native Americans, and persons with disabilities. The county's traveling InfoVan is used for dissemination of information.

Del Norte County is working to enhance REFER, the system it had chosen shortly before the pilot project began. This system is primarily used for recording information on clients; it will develop into a useful database for the county. Plans for ongoing improvement will benefit from informal feedback from the community and the responses made to a survey of health care professionals in the region.

The public information website, Del Norte InfoCenter, underwent improvements to enhance its development as a resource directory. There is a google-like search engine and a link to the local Area Agency on Aging (A1AA), where resources are provided. Consumers can ask InfoCenter staff about resources by phone or e-mail, using contact information on the website. The InfoCenter website should serve as particularly useful resource for people in the rural parts of the county, as more people become familiar with it.

During the course of the grant, both counties worked to establish improved communication methods and systems, which will provide sustainability for continuous quality improvement long after the term of the grant. That was a community outcome brought about by sharing a purpose, creating one comprehensive resource for professionals and consumers to rely on for information and communication about all of their healthcare, social service, and community service needs. With the completion of the Wellness Center these goals can be pursued more aggressively as key agencies co-locate at once place in Del Norte.

The ADRC evaluation was most actively engaged in the website improvement part of the process in both counties. The Internet's value as a repository for information is already recognized. Its potential for connecting professionals and consumers through interactive programs, telemedicine, and personal health records is just being realized. The challenge is to resist complacency and to keep improving the service. No two ADRC networks will be alike, but they must all be revisited frequently, using a variety of techniques, and incrementally enhanced to provide what users really want and need.

Introduction

Since July 2004, the San Diego County Aging & Independence Services (AIS) and Area 1 Agency on Aging in Del Norte County (A1AA) have been working with local consumers, caregivers, health and social service providers and agencies, with grant support from the Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS) awarded through the California Department of Aging (CDA), to develop their Aging and Disability Resource Center (ADRC). The concept of the ADRC is that it will serve consumers, caregivers and service providers as a "one stop" source of easily accessible, understandable information, assistance and linkages to the full range of aging, disability, long term care service and support options that promote informed decision-making, individual choice, and healthy aging behaviors.

Initially, both San Diego County and Del Norte County were expected to develop Internet-based ADRCs, since each of them had a county-wide network of services ready to be publicized and expanded. During the pilot project, much of the ADRC related effort focused on assisting the counties to develop these networks as hubs for their "one-stop shop" ADRCs. ADRC website development was much more prominent as the focal point in San Diego though significant improvements in the Del Norte web resources were also implemented. The quality and service of the ADRC related website development in both Counties was evaluated based on current recommendations in the literature.

San Diego County and Del Norte County took such different directions in their implementation of the ADRC concept and methods that direct comparisons cannot be made between them. Developments did not proceed in parallel. There were similarities in the evaluation process in each case, however. This report follows the stages of that process. Elements of the ADRC Core Areas—visibility, trust, accessibility, responsiveness, and efficiency/effectiveness—were not always addressed explicitly or evenly, but improvements in all of the areas took place.

Part I. Evaluation Methods and Initial Goals at Baseline

San Diego tested the potential of the of the NoC website to support the ADRC, using continuous quality improvement (CQI) evaluation strategies, once it had identified key areas on which to focus the improvement and learning process. In the case of Del Norte the evaluation process was largely process-oriented. The CQI evaluation process involved identifying the established goals, discovering a baseline of experience, identifying problem areas, developing and implementing a plan to make improvements, and reevaluating for further improvement opportunities. Where feasible the information identified by Lewin and Associates as meeting the common needs of the ADRC initiative was collected.

The evaluation structure that fed information back into the program design process included the following:

1. To what extent were identified activities in the work plan (a) completed and (b) timely?
   - If delayed or not completed, why? What barriers were encountered? How were these overcome? What was the ultimate result?
   - What were positive lessons learned that could inform future programs?
   - What unplanned activities were carried out and why? What were the results?

2. Data sources to measure process and outcome goals
   - Consumer and provider feedback from focus groups/listening sessions and pre- and post-surveys
   - Website hit counts from Webtrends auditing service (volume, repeat visitors, etc)
   - Call Center statistics (# of calls answered, type of call, # of abandoned calls, average speed of answer)
   - Agendas, meeting minutes, reports and other documents
   - Other program data as it is developed and/or became available

3. Comparing and contrasting the experience of these two very different counties, and also of various subgroups and targeted underserved areas and populations.

The evaluation plan focused on meeting core goals in five key topic areas (visibility, trust, responsiveness, accessibility, efficiency/effectiveness), as outlined below. This goal orientation assisted in improving ADRC operations over time and determining the overall effectiveness of the ADRC concept and applied strategies.

The following ADRC Core Areas were indicators of impact that were tailored according to each county's ADRC strategies to monitor success in achieving core goals and objectives:

1. Visibility

   - ADRCs use creative means for building community awareness, outreach, and targeting potential users, going beyond just brochures and posters in senior centers and libraries.
   - Physicians and other professionals refer their patients and clients to ADRCs.

2. Trust

   - ADRC locations are in non-stigmatizing public places frequented by all kinds of people.
   - Community input is incorporated into the ADRCs' plan for outreach, locations, access sites, services, performance standards, and quality indicators.

3. Accessibility

- Information and assistance are accessed by private pay as well as Medi-Cal beneficiaries.
- Multiple avenues of access are offered that reflect current lifestyles and geographic, cultural, linguistic, age and disability differences (i.e. written, on-line, phone, in-person, mobile outreach).
- Currently underserved populations are specifically targeted for outreach and education.
- Materials and resources are culturally, linguistically, age and disability sensitive and appropriate.

4. Responsiveness

- ADRC staff ensures that clients are referred for needed medical care as well as social supports.
- ADRC staff makes an effort to *only* perform activities for clients that they cannot perform for themselves (for empowerment, legal and practical reasons).
- Workers are knowledgeable about all long term support service options (home and community-based, residential, health care, institutional, etc.) as well as financing options including LTC insurance, managed care plans, disease management programs, preventive services, and lifestyle change programs.
- New or existing information systems and websites are responsive to ADRC needs, goals and objectives.

5. Efficiency/Effectiveness

- Need for clients to travel is minimized.
- Community partners who can support/help underwrite center's continuation are included.
- New information systems and websites are complementary to existing ones or incorporate them, rather than creating the need for more separate data input, both within the local area and across agencies and across the state.
- Information systems are set up to identify such problems as service gaps underserved areas,
- Both private and public pay consumers have access to information on cost effective strategies for securing the full range of supportive services, accessing preventive services, and lifestyle changes,
- Outreach to at-risk, underserved/underutilizing consumers is coordinated with local health and social service providers.
- Plans of care include preventive and rehabilitative medical care, as well as supportive services.
- Informal supports are enhanced and maintained.
- Self-care is enhanced and maintained or increased.

While San Diego and Del Norte may have been polar opposites in terms of population density, geography and the multicultural spectrum, both chose to use and improve existing web-based resources to complement their own traditional approaches to information and assistance centers

in order to create ADRCs that improved links between health and social support providers. They also wanted to explore effective outreach to underserved target group members and to identify viable strategies for urban, suburban and rural areas. Each county's proposed intervention reflected the geography, resources, existing organizational structures and relationships, and the most pressing needs in those areas.

San Diego Context

In recognition of the many challenges in serving a very large, growing and ethnically diverse urban and rural elderly and disabled population and to improve overall program operations and service to the community, the County of San Diego had made a significant investment in Network of Care (www.sandiego.networkofcare.org), which supports integrated information, communication and improved access to aging, disability and long term care services and resources. San Diego's ADRC initiative built upon this web-based approach, which complemented and enhanced the Aging & Independence Services' existing and fully functioning Call Center. It was an important step in the development of the "one stop shop" concept, intended to provide the community with more seamless, accessible aging, disability and Long Term Care (LTC) information, assistance and support.

Aging & Independence Services (AIS) is the designated AAA Planning and Service Area 23. The primary gateway to aging and disability services in San Diego is through AIS's already-existing Call Center, which operates a toll-free phone line providing access inside and outside the county for initial assessment and channeling to appropriate services and information. Calls go through a centralized screening process to determine eligibility for AIS programs and/or appropriate referral to other community programs. To date, the Call Center has merged the efforts of Information & Referral/Assistance (I&R/A), case management, program intake (eligibility, assessment, and intake), and the elder and dependent abuse reporting function, providing AIS the opportunity to implement a "no wrong door" model. By making the NoC website available through AIS, the ADRC strategy has sought to enrich the AIS capacity and extended its reach and effectiveness.

San Diego County is a mixture of urban and rural communities spanning 4,300 square miles and home to approximately 3 million ethnically diverse residents. The sixth largest U.S. county and California's third most populous, SD is roughly the size of Connecticut. There were 434,147 persons 60 years and older living in SD County in 2004, an increase of 30,122 since 2000. Approximately 20% of this 60+ population have severe disabilities; 7% are below the poverty level, 23% live alone, and 28% are minority older individuals. By the year 2010, the total population of people aged 60+ living in San Diego County is predicted to increase to 524,319. The oldest age cohorts, growing at the fastest rate, have the highest likelihood of functional disabilities and chronic conditions, and represent the biggest challenges to the county in terms of service demands.

Baseline Problem Identification for San Diego

An assessment of existing problems within the current local systems was conducted. Baseline information was obtained through several methods: Call Center statistics; Web Trends reports from Trilogy; stakeholder advisory groups; physician and provider focus groups; staged and progressive surveys of consumers, caregivers, and providers; and Call Center staff interviews and feedback. Activities were developed under the Project Work Plan (See Appendix A), described below, to address the following baseline conditions:

1. Call Center

A fairly sophisticated Call Center was already in place and fielding over 6,000 calls per month. Staff was experiencing difficulty in keeping resources up-to-date. AIS purchased a web-based system (Network of Care) to support Call Center staff need.

The Network of Care (NoC) website (www.networkofcare.org), developed with State grant support as part of California's investment in integrated care technology, was in place in 14 counties at the start of the grant. These counties had each purchased "customized" county versions of the NoC. As such the San Diego effort reflected an interesting testing ground for adaptation of the NoC to the goals and objectives of broader dissemination of this approach to implementing ADRC capabilities. Mostly only the Resource Finder database is county-specific, so all other components can be used throughout the state. A statewide Mental Health Network of Care has also been developed. The website incorporates:

- A resource finder to locate services, facilities, and assistive devices;
- Consumer-entered health information that can be shared with providers and family members, personalized notes, links, and a personal "Hot List";
- Consumer-focused information on health conditions, risk-factors, treatments, and health promotion;
- Web site builder function to assist community-based organizations in developing their own web site.
- Caregiver support (message board, chat, articles);
- Links to local, state and national legislative bills, updates, and programmatic/ financial eligibility determination for public programs.

To assess the NoC website for the purposes of the ADRC project, some preliminary assessment was conducted by selected members of the Call Center staff. The Call Center staff was viewed as the first line of expert users who could be relied upon to know San Diego County's existing infrastructure of community information and assistance resources. They identified problems with:

- Complex taxonomy of services (AIRS) assigned by 2-1-1 San Diego (part of the nationwide 2-1-1 community resource information system, resulting in Call Center staff having to develop their own resource list and not referring callers to the NOC site;
- Lack of complete resource file (only not-for-profit aging and disability resources provided) which creates problems in successful access for caregivers, family members, and intergenerational issues;
- Lack of use by and access to reliable resource information for physicians and other health and social service providers
- Lack of culturally appropriate web site translation of threshold languages; the computer-generated translation is not adequate.

2. Potential Modifications to the electronic support tools

To identify potential modifications to the electronic support tools, a preliminary survey tool for caregivers, consumers, and providers was developed with the help of a local gerontologist under subcontract to the CA ADRC Evaluation Consultant. An iterative survey revision and distribution process was subsequently implemented as a key feature of the evaluation process.

3. Consulting Physicians

Physicians and their staffs were consulted on the best way to build bridges with their patients and social service networks for access to long term care services and decision-making support. While it is difficult to engage physicians, due to already overburdened time schedules, the consultant/evaluator and county staff have developed relationships with a cadre of influential physician "champions" in San Diego. They represent the University of CA Geriatric Education Consortium, the San Diego Medical Society, the Regional Health Information Organization, geriatric physicians, Latino physicians, psychiatrists, internists, and a social health maintenance organization. This developing network has served to maintain the web-based ADRC strategy as central to San Diego County efforts to further integrated medical and social services.

4. Raising Visibility

Visibility in the community was low. The scope of problems identified in number 1 above was greater than anticipated when the ADRC proposal was developed. Therefore, while visibility has certainly been raised with the stakeholders participating in the ADRC process, general community public awareness was significantly slowed until late in the grant period. Considerable effort was needed to develop an ADRC web site that was accurate, user-friendly, and more responsive to what community stakeholders have described as their need for such a resource.

5. Outreach to underserved or hard-to-reach groups

Outreach to underserved or hard-to-reach groups through community partnerships and use of the InfoVan, especially in rural areas, was delayed and the timeline for most activity in this area was revised because of the same issues as described in number 4 above. This system will be a resource focusing the outreach needed to develop community workers to assist potential ADRC users in gaining access to web-based information. Effective outreach also depends on improving the language translation capability of NOC, which was undertaken as part of the CQI process followed in the course of evaluating the ADRC effort.

6. Need for stronger connections among all health and community service agencies

This need was not specified at baseline, but recognition of it developed over the course of the three-year project. By the end of the project, the initials ADRC had taken on a new meaning in San Diego. The local Network of Care became the San Diego Network of Care, and will be referred to as SD NoC in the background section of the report. Initially, SD NoC supported the Aging and Independence Services (AIS) Call Center. SD NoC functions externally as a resource for consumers, but it also has enhancements accessible only to Call Center professionals. During the course of the project, the partnership between the AIS Call Center and the SD NoC expanded to incorporate the main agency serving persons with disabilities, Access to Independence (A2i). To demonstrate the closeness of this partnership, ADRC stood for a new title, the Aging and Disability Resource Connection.

Del Norte Context

Del Norte is a 1,000 square mile rural wilderness with a total population of 23,810, approximately 16% of which are age 60+. Access to health care is often limited for both public and private-pay residents due to distance and limited providers. Isolation, coupled with the limited economic opportunities, makes it challenging to develop and deliver supportive services to aging and disabled county residents. Del Norte has among this age group, 90% are Caucasian, 4% Native American, 3% Hispanic,1% Asian and .02% African-American. Approximately, 20% are classified at "greatest economic need," at or below 125% of poverty level. An estimated 5,600 Del Norte residents over age 5 have a disability. This rate increases significantly with age; 11.4% of those ages 5-20, 26.5% of those ages 21-64, and 44.6% of those aged 65 and over report some disability. Older adults and persons with disabilities are usually on fixed incomes and frequently hit hard by rising medical, energy, and fuel costs. Over 20% of the total population has income below the poverty level.

Del Norte's goal was to firm up and improve the existing Del Norte InfoCenter in Crescent City. It sought to co-house key services -- the Independent Living Center (ILC, Senior Information & Assistance, HICAP (Health Insurance Counseling & Advocacy Program), and Low Vision Services – with the InfoCenter. It was working to bring these services into a "one stop" ADRC, with regular office hours, to improve both the individual's, and family caregiver's, ability to obtain information on and access to long-term care support options with fewer calls, trips, and frustrations.

<u>Baseline Problem Identification for Del Norte</u>

Del Norte has fewer resources available than most locations because of the small population in a relatively large geographic area. The former database used by the Area Agency on Aging of Del Norte & Humboldt Counties (A1AA) was not considered optimal and access to the database was only through the Call Center Staff.

1. Management Information System (MIS)

The MIS system needed to be upgraded. Del Norte's priority was to improve the capabilities for health care information professionals. Del Norte would develop a basic information system on ADRC clients (adults 60+ and the disabled) to produce client-based information that would yield unduplicated count data reports. This data collection system could be used by other AAAs and interested agencies. The MIS system was upgraded from Iris to REFER from RTM Designs, chosen from 10 potentially suitable systems. REFER tracks client intake, needs assessment, care plans/services, and service utilization.

The expectation was to expand this site to include information/activities relevant to persons with disabilities and caregivers. The on-line service database was being expanded to include information and support services responsive to the needs of all the ADRC target sub-populations. In this way, consumer needs were considered, as plans included the development of a web-based resource directory. The ADRC would ensure that the InfoCenter website was updated and operating at full capacity with the most current and up-to-date information possible.

2. Enhancements

Outreach staff sought input on ADRC development and enhancements by consulting with the local medical and health care community. Meetings and discussions were held with local hospital discharge planning staff, representatives of the local nursing/rehab facility, and local physicians and health clinic personnel. Through these discussions, needed modifications to the Del Norte InfoCenter website were identified. The long term goal was to provide a useful electronic channel for physicians and their staff to build bridges with their patients and social service networks for access to long term care services and decision-making support.

3. Wellness Center

The Del Norte InfocCenter and A1AA-ADRC were part of the plan to centralize services for the extended Del Norte and Humboldt area. Construction was underway for a Wellness Center in Crescent City that would be large enough for the co-location of the A1AA-ADRC, the Community Health Clinic, Medi-Cal, and other services. This took much longer than expected, sidetracking progress toward an integrated ADRC. However, the Wellness Center grand opening was held August 7, 2007.

The Wellness Center will support such efforts as cross-training of A1AA-ADRC and Medi-Cal eligibility staff and the recruitment of physicians and dentists to serve county residents. Del Norte staff are advocating for the permanent placement of a county eligibility worker at the new site “Del Norte Wellness Center.”

Existing disability service providers have been surveyed to assess their goals and objectives for Del Norte County. Resources and a revolving office space are to be made available for their use. The staff is making these efforts because many providers are located in the neighboring county, Humboldt, and have difficulty meeting their objective to serve clients in Del Norte.

4. Raising Visibility

Public awareness campaigns already in place are expected to raise visibility and use of Del Norte InfoCenter and the A1AA-ADRC. Because of the small population, ADRC staff most often already knew the aging and disability providers in the county and worked hard to take outreach activities to available community forums to increase awareness of and access to available services.

5. InfoVan

Increased outreach was needed, targeted to underserved or hard to reach groups through community partnerships and use of the InfoVan, especially in rural areas. Partnership with Lighthouse of The North Coast and the ILC are expected to enhance outreach opportunities. The InfoVan was configured to support multiple agencies (i.e. ILC, Public Health, and DN

InfoCenter) during single or consecutive outreach trips. An outreach plan would be designed to bring ADRC information and services to the target populations in the most remote county areas. This would include developing new marketing materials, such as brochures and a resource directory that included resources for people with disabilities.

Part II: Background: Improving Websites through Iterative Testing and Correction

The evaluation strategy built off of the baseline problem identification process. It resulted in an emphasis on the web resources used in the two counties' ADRC efforts. In the case of San Diego refining the NoC for the purposes of serving the goals of the ADRC was the major focus from the beginning. In the case of Del Norte the delay in the completion of the Community Wellness Center raised the need for web resource updates in Del Norte that could better serve that community in anticipation of the complementary role anticipated with the Wellness Center. To help guide the evaluation strategy a review of the relevant literature was performed. What follows is a synthesis of that literature with reference to the strategies that were used in conducting the evaluation for this project. Readers primarily interested in specific ADRC activities and accomplishments can skip ahead to Part III of this report.

Health information website providers have a range of methods for assessing how well their websites are achieving their main purpose: providing users with the information and support that they need in an inviting, navigable form. Websites should provide a "compelling online experience" (Novak, Hoffman, and Yung, 2000, p.40), so that people enjoy the process of using the Internet as a worthwhile activity in itself. Providers usually improve their websites incrementally and cyclically, making adjustments, seeking responses, and adjusting again.

Website designers can build in responsiveness to users from the beginning of the design process by using conceptual models (Clark, et al., 2004; Novak, Hoffman, & Yung, 2000), guidelines for usability and accessibility, (DHHS, 2007; ITAW, 2006; WAI, 2006) paper or web-based prototypes (Wachter, et al., 2003, Waite, 1998), and heuristic evaluation by expert reviewers, (Nielsen, 2005; Turner, 2002). At any time in the development process and throughout the lifetime of the website, designers can ascertain how well the website is meeting the needs of the users by indirectly auditing the number of hits on the site and the patterns of navigation or by directly consulting the users. Direct consultation can be through experimental trials (Prows, Hetteberg, Hopkin, Latta, & Powers, 2004), usability testing with directed tasks (U.S. DHHS, 2006, Andreasen, Nielsen, Schroder, and Stage, 2007), focus groups and interviews, and surveys (Cahill, Linehan, McCarthy, Bormans, and Engelen, 1996; Parrish, 2005). Website providers usually use more than one of these methods.

It is worthwhile for providers of health information websites, as well as the broader community of ADRCs, to bear their users in mind because the public is consulting these sites in large numbers. According to the most recent Harris Poll, August 1, 2006, 136 million adults, or 80% of the online U.S. adults, said that they had consulted health information websites at some time in the past (Harris, 2006, p. 1). This is a dramatic increase over the 117 million adults (72% of online U.S. adults) who reported in 2005 that they had consulted health information websites (Harris, 2005, p. 1). The most recent Health on the Net Foundation survey also shows an increase in health information website use, from 33.2% of users stating in 2002 that they had used health websites to 44.5% stating in 2005 that they had done so (HON, 2005, p. 2). The ability to complement in-person and call-center-based ADRCs like those in Del Norte and San Diego with reliable web resources can go a long way to relieving the pressure on a State's resources for information and assistance.

The scholarly literature has also reported growing numbers of users, though the actual figures used were from earlier years, because of the time delay inherent in the research and publication process. Scholars obtain these figures from a variety of public and private surveys, some of which are proprietary. Eng cited a FIND/SVP, 1997, survey when stating "about one-half of all US Internet users have used it to obtain health information or support" (Eng & Gustafson, 1999). Bass relied on the United States Department of Commerce statistics when stating that Internet users had increased from 84 million in 1998 to 143 million in September, 2001 (Bass, 2003, p. 26). Bass also cited an American Internet User Survey that showed an increase in persons consulting health information websites from 7.8 million in 1996 to 23.3 million in 1999 (Bass, 2003, p. 26).

It must be noted that this increase in usage is not spread evenly across all segments of the population. Government agencies (U.S. Department of Commerce, 2002), professional associations (Chang, et al., 2004), and researchers (Kreps, 2006) expressed concern about the "digital divide" between Caucasian racial groups and socioeconomically advantaged members of the population and other races and disadvantaged members. Persons with disabilities also have extra hurdles to jump in gaining access to information on the web, even though much effort has already gone into making websites accessible to them (ITAW, 2006; Cahill, Linehan, McCarthy, Bormans, and Engelen, 1996; WAI, 2006). In San Diego the anticipated response to this problem is to use local libraries, senior centers, and the Info Van, along with laptop computers with wireless connections, to begin to make inroads on this problem. Another possibility is to build on intergenerational strategies that encourage school-aged children to work with adult families in support of their information and assistance needs.

Building Responsiveness into Website Design

Designers of websites may work from theoretical models to ensure from the outset that their websites are appropriate to the needs of their target audiences. A model, such as Hoffman and Novak's Model of Flow, may be a way of understanding the interactive relationship between the user and the website itself. Novak said that flow is the "balance that users experience between their skills and the challenges of the interaction," (Novak, Hoffman, and Yung, 2000, p. 23). If such features as ease of navigation and speed of interaction are optimal, the user will experience intrinsic pleasure in using the website. Novak's research tested a number of hypotheses about the features that were needed to excite users by employing their skills and inducing a sense of control without requiring such a high level of skill that they become frustrated and log off.

Pleasure is not always the goal. Clark incorporated cognitive and psychosocial constructs adapted from standards used by grief counselors into the design of the Grieflink website. Clark noted that grief impacts a person's cognitive functions, such as "concentration, memory, and problem-solving skills" (Clark, et al., 2004, p. 957). Clark and her colleagues wanted Grieflink to provide information about accessible resources on dealing with bereavement, so that even persons who usually would not seek help in conventional ways might be encouraged to seek help on the web. In her usability testing she found that compliance with the ethics of the Health on the Net Foundation (HON) Code (p. 958) established trustworthiness. Clear navigation instructions, a welcoming message, real-life examples, resources listed by topic, a reading age of

eight, large font, simple design and calming, hopeful colors all conveyed a sense of "technical ease and emotional connection" (p. 963).

In the case of SD NoC the site was specifically designed to provide assistance with the integration of health and social service awareness and access assistance along with other consumer empowerment capabilities, like a secure folder for things like personal health record information. A separate NoC-style web site was developed specifically to focus on mental health issues and is provided as a link to the ADRC web page.

Another method of ensuring good design from the outset is to develop prototypes for testing before actually designing the site and heuristic evaluation by expert reviewers. Prototypes need not be electronic (Wachter, 2003; Petrelli, 2006). An effective use of paper-based prototype designs of a pulmonary graphical display resulted in "improved intuitiveness and usability" (Wachter, 2003, p. 371). Wachter stated that the approach was based on "an iterative process of implementing a design, learning and understanding from discussion and feedback, and subsequent design refinement" (Wachter, 2003, p. 364). This is the basic approach that was used to gain feedback subsequent to the initial baseline problem identification in both San Diego and Del Norte. Both paper and online surveys were used.

The technique of heuristic evaluation by expert reviewers was first developed and described by Rolf Molich and Jakob Nielsen (1990). It has been modified and widely promulgated since then (Nielsen, 2000). The reviewer applies specific, user-focused criteria when evaluating the site, such as the appropriateness of the language, consistency, minimization of user effort, explanation of errors, and clear navigation directions. For the ADRC evaluation in both counties, surveys were done of expert users, whom we asked to search for specific information to determine if they could find what they were told to look for and what they felt about the search experience.

Guidelines for web site evaluation are gaining widespread appreciation. *Usability.gov* is the primary government website providing advice on designing health information websites. The National Cancer Institute developed it (Mathews and Hubbard, 2001), but it is now managed by the U.S. Department of Health and Human Services and the General Services Administration. It publishes a step-by-step plan for designing websites, and its guidelines are evidence-based and ranked in order of relative importance (U.S. DHHS, 2006, XX). In addition to the plan, it contains an illustration of how the CancerNet site was redesigned and case studies of lessons learned. These are informative sources, and new web based ADRC sites should take these into account as they proceed.

Other websites, such as Usable Web (Instone, 2003), Usit.com (Nielsen, 2000), and the U. S. Bureau of Labor's Office of Survey Methods Research (Levi and Conrad, 2002), are oriented toward commercial websites. Although their advice about usability and their references to other sites are valuable, they are not particularly focused on health information seekers' needs.

Criteria typically provided by these websites and expert reviewers include clarity, learn-ability, consistent navigation with a minimum number of clicks, hierarchical organization, clear labeling, instructive labels for links, and appropriateness for the target audience (Barnes et al., 2003; Eveland, and Sharon, 1998; Eysenbach, 2004; Harvard School of Public Health, 2007, Health

Summit Working Group, 1998; Kreps, 2002; Nielsen, 2000; Rice, Peterson, & Christine, 2001; Usability.gov, 2006). Feedback received on the ADRC components that we asked users to examine produced suggestions for improvement in similar areas.

Specialized guidelines are available for designing accessible websites for persons with disabilities. Studies of computer use by persons with disabilities have been limited (Kaye, 2000), but have shown that this community, about 8% of the total population (Kaye, 2000; NTIA, 2002), uses computers far less than the rest of the population. Government initiatives target persons with disabilities of working age by providing financial incentives to employers who provide assistive technology and grants to states that help these persons purchase necessary devices, and a centralized website for information (University of Massachusetts, Boston, 2007; U.S. Department of Labor, 2002).

Accessibility for persons with disabilities is a particular concern for health information websites. Two private organizations dominate this field, the Watchfire Corporation, which in 2002 bought the Bobby criteria from the Center for Applied Special Technology (CAST), and the Web Accessibility Initiative of the World Wide Web Consortium (Watchfire & Corporation, 2004; Web Accessibility Initiative, 2006). Watchfire provides a website into which any user or designer can enter the URL of any web page to find out if there are problems with accessibility. The Website Accessibility Initiative provides detailed evaluation criteria, prioritized checklists, and programming methods that result in an accessible site.

Both of the organizations base their standards on Section 508 of the Rehabilitation Act, as amended in 1998. The government actually publishes these standards, and a designer can just go to the Section 508.gov site and apply the published standards while designing the site (U.S. GSA, 2006). The site is maintained by the Information Technology Accessibility and Workforce (ITAW) group of the U.S. General Services Administration.

Criteria for accessible websites include adaptation for assistive devices, such as low vision aids and specialized communication methods, supportive navigation features, graceful transformation to adapted formats, text and graphics that are clear in themselves and adaptable to other formats, and well-designed menus (Barnes, 2003; Neaville, 2005; U.S. GSA, 2006 ;Watchfire & Corporation, 2004; Web Accessibility Initiative, 1999). To help the San Diego ADRC to be responsive to the needs of persons with disabilities, a partnership was established, which resulted in the addition of the Access to Independence (A2I) web resources to the ADRC web page as a specially highlighted area of interest.

It is worth paying attention to independent website designers, who often challenge accepted wisdom on the basis of extensive practical experience. Joe Clark is one such. His book, *Building Accessible Websites*, is published on the web (Clark, 2003). He sees the Bobby process as cumbersome and disagrees with the limitations on graphics imposed by accessibility standards. His non-academic, breezy style should not prevent researchers from taking account of his ideas.

Direct Methods for Observing the Adaptation of Websites to Users' Needs.

Usability is the accepted term for describing how well a website meets the needs of its users. The goal of usability has been defined as efficiency, effectiveness, and satisfaction to the user, that is, the ability of the user to accomplish the task he wanted to perform. It reflects the increasing awareness of web designers that, ultimately, "the most important area where [we] could focus [our] efforts was not on usability errors but on usefulness" (Lund, Lam, and Parks, 2002, p. 4)

The long-standing gold standard for testing usability and accessibility is direct observation of users while they are performing tasks specified by the observers. Designers can learn from their hesitations, moments of confusion, and comments. User education can take place at the same time (Charnock, 1994). Advisors also stress the importance of iterative testing, repeated episodes of observation followed by incremental improvements (Carroll, 1990; Schneider, 2001, Nielsen, 2000; U.S. DHHS, 2006, 18:1, 18:2.)

Usability.gov suggests testing with between eight and sixteen general users, relying more on observed performance than self-report by the users (U.S. DHHS, 2006). Direct observation is particularly important with persons who have disabilities. The mechanical application of guidelines cannot be flexible enough to accommodate the varied levels and combinations of disabilities that people must cope with in real life (Petrie, Hamilton, King, & Pavan, 2006; Milne, Dickenson, Carmichael, Sloan, Roos, and Gregor, 2005).

Usability testing may take the form of a randomized, controlled design with pre-tests and post-tests, as did two studies of online nutrition education (Onema, Brug, & Lechner, 2001; Samuels, Martinez-Pederson, Pan, Foord-May, & Matallinos-Katsaras, 2007). In both of these studies, the participants were directly observed in a laboratory. Some formal usability studies are done remotely (Andreasen, Nielsen, Schroder, & Stage, 2007; Petrie, 2006). Characteristically, participants in formal tests carry out a series of tasks set by the evaluator, during which they are observed following a think-aloud protocol or they document that they are doing so. The process is as important as the results.

Indirect Methods for Observing the Adaptation of Websites to Users' Needs

Indirect observations of user habits are made by studying the patterns of site use through a technique called auditing. Deshpande and colleagues explained that formal web site auditing standards are still being developed, but that the term has achieved general use, even though the evaluative techniques currently used by consultants are more accurately thought of as agreed-upon procedures.(Deshpande, Chandrarathna, and Ginige, 2002). Consistent with the *Usability.gov* guidelines cited above, these researchers saw the process of web site auditing as cyclic, each audit being followed by re-design and re-engineering. The web site would be audited again and again as it grew toward maturity.
Eveland's view is that a "strong narrative thread" (Eveland and Dunwoody, 1998) will bring the user from one screen to the next. It is important to provide linear movement, as he shows by auditing which links were followed from the home page and other pages and the number of

separate pages requested. The website designer must accommodate inexperienced users, who follow a hierarchical, linear logic. Sophisticated users follow non-linear connections with ease. This researcher notes that, although he tracks user movement by setting cookies, this practice is becoming less acceptable to users as time goes on.

These approaches were beyond the scope of the ADRC evaluation. SD NoC does subscribe to Webtrends, however The use of Webtrends has been studied; a website providing education about computed tomography benefited from a monthly Webtrends audit. When the designers saw that a question and answer bulletin was rarely visited in February, they added new links and made the designation clearer, resulting in a 75% increase in visits (Scatarige, Garland, Corl, O'Keefe, and Fishman, 2002).

Asking Users About the Website

Developers may install *Contact Us* or *Feedback* pages on the website, so that they benefit from a continuous stream of user comments. Serious problems can receive immediate attention. The ADRC in San Diego offered both these options to complement the more focused small sample surveys of expert respondents.

The literature suggests that triangulation, the use of multiple strategies, is best for CQI evaluation, as no one technique may provide the insights that are needed. For example, one study combined information obtained by audit with survey results to validate information about students' use of computer-aided instruction. The server statistics generally substantiated the survey results, but the discrepancies demonstrated that it is unwise to rely on surveys alone (McNulty, 2000). A study of students with impaired vision revealed that not all students feel the same about adaptations. When some students said that they preferred to use menu options and others wanted to type commands in using keyboards, the researchers were able to recommend that the design of a workstation incorporate both options (Cahill, 1996). On the web ADRC in both San Diego and Del Norte it became clear that a Google-like search engine was needed in addition to the service taxonomy that was originally offered.

As shown above, surveys are able to determine with some discrimination what users prefer—e.g. searching instead of browsing for material (Rosner, 2007). However, researchers caution that surveys should be used in conjunction with auditing and direct observation because users report what they do inaccurately. For example, some respondents to a survey on the use of Medicare.gov said that they also went to healthexperts.com, which was actually a fictitious site (Schneider, 2001). Separate studies led by Eyesenbach and Barnes showed that, although users said that they placed great weight on the accuracy of content and authority of a site, their actions showed that they responded more to design and often did not look at the credentials of the information providers (Eysenbach and Kahler, 2002; Barnes et al., 2003).

When surveys are used to discover and respond to user preferences, effective improvements can be made in website models and designs. A breast health education website was radically redesigned to provide increased anonymity, to enable users to find out more about the survey before taking it, and to contact the researchers (Thomas, 2000). A survey conducted at the pilot

stage of an online educational website revealed problems that needed to be corrected before the site was marketed. Long delays and inability to open pages were described in open-ended questions on a cancer education website. Not all of the users had the right plug-ins. IBM supplied a Hot Media program to stream the audio and video with no need of a plug-in (Cumbo et al., 2002).

Studies like this show that a virtual dialogue can occur between designers and developers of websites on the one hand and users on the other. Since the communication can take place at the beginning and throughout the life of the website, employing many methods in combination and in varying sequences, the website can be improved for the users incrementally, in response to new insights obtained through the process. The role of the survey is to help designers develop a profile of the website's users by including demographic questions, discovering users' preferences, and gaining an understanding of what features increase users' satisfaction (Scatarige, Garland, Corl, O'Keefe, and Fishman, 2002).

Part III: Activities and Accomplishments of San Diego and Del Norte ADRCs

San Diego

The San Diego Aging and Disability Resource Connection, the permanent name of the San Diego ADRC is comprised of the partnership between San Diego County's Aging and Independence Services (AIS), Access to Independence Living Center (A2i) , and the San Diego Network of Care (SD NoC). Throughout the three-year period of the ADRC grant, service providers at AIS, 2-1-1, and A2i have improved the liaison channels among themselves and have established effective communication mechanisms with Trilogy Integrated Resources, LLC, the developer of the NoC website. Trilogy has provided needed enhancements that were identified, not only by these services, but also by recommendations from interested stakeholders who are members of the Long Term Care Integration Project (LTCIP) Planning Committee.

The LTCIP has been conducting a three-pronged strategy in parallel with its participation in the ADRC pilot project.

- Healthy San Diego Plus, a 5-year grant-supported care coordination program providing that has been working with the State to develop integrated Medicare and Medi-Cal delivery system under pooled capitated financing from these two sources.
- Physician Strategy, an improved Fee for Service model designed to support physicians. As part of this effort the ADRC effort has supported development of the San Diego Medical Information Network Exchange (SD MINE), an electronic resource for storing patient records and educational resources. These physicians also have an interest in the Team San Diego educational project, to be discussed below.

These initiatives are intended to be supported by the San Diego Network of Care website which can serve as a potential mechanism for communicating, coordinating, storing records, and integrating care.

Improved Access to Services and Resources for Call Center Professionals

The San Diego ADRC, will be sustained by non-ADRC funds after the pilot project is finished. (See Sustainability Plan in Appendix A). San Diego ADRC will be comprised of AIS Call Center, the SD NoC website, and A2i. SD ADRC will also continue the close cooperation that has now developed between itself and 2-1-1. Through a Memorandum of Understanding San Diego ADRC will use the enhanced SD NoC as the web-based part of its service, while still making itself available to the public through the AIS Call Center staff information and assistance activities. San Diego ADRC will continue to be advised by the stakeholder group, the Long Term Care Integration Project (LTCIP) Planning Committee. (See Appendix A for Flow Charts showing the changes in organization.)

A major accomplishment was the development of a version of Network of Care developed specifically for internal use by the Call Center Staff. In the early assessment of the Network of Care, Call Center staff members were enlisted to give their assessment of the SD NoC for

themselves as expert community users. They found a number of problems, not the least of which was that it was not oriented to their own style of identifying and sharing information and making referrals. In response Trilogy developed an internal form of the SD NoC specifically for Call Center staff use. ADRC resources during the pilot project enabled Trilogy staff to provide the capacity for the following activities:

- "Export Directory" available on Excel
- "Follow-ups for Today" notifies the supervisor if a phone call needs follow up information
- "Administrator" allows the supervisor to view reports, the database, and track phone calls
- "New Call" records demographic information needed for ADRC statistics and has the ability to automatically email referral information provided over the phone to the consumer, caregiver or provider. Able to match a phone number, name, or email to indicate if a repeat caller vs. new caller.

Any changes, deletions, omissions or any other corrections identified by AIS Call Center staff are forwarded to 2-1-1, where the information in the database is revised and forwarded to Trilogy. Trilogy uploads the corrected database onto SD NoC monthly.

There is a process for streamlining requests from providers to be added to the database. Providers who have name-and-password access to the website builder on the SD NoC website can enter services to be added to the Service Directory as a link. In addition, named persons were identified as responsible within AIS, 2-1-1, and Trilogy NoC staff to be responsible for identifying and correcting problems as they arise.

By putting a Call Center New Call page on the internal SD NoC website and by taking the information requirements of Call Center personnel into account while enhancing the website, the Trilogy NoC staff has established a closer working relationship with Call Center staff and a more efficient and reliable referral process. The internal NoC is accessible only to Call Center staff, who can use it to establish an immediate electronic record for every new caller.

Enhancements to Consumer Information on ADRC SD Network of Care

Considerable attention was also devoted to improving the public access ADRC SD NoC website. AIS, 2-1-1, and SD NoC personnel were aware of a need for improved services and information specifically designed for persons with disabilities who are of working age. They have established a close and ongoing working relationship with A2i, the main agency responsible for identifying and providing services for this group, with the aim of promoting deinstitutionalization and sharing resources. There is now a specific link to the A2i website, so resources specifically targeted to persons with disability will be more obviously available. The LTCIP Planning Committee will also take the needs and interests of this group into account as it continues to advise the San Diego ADRC. New grant funding from AoA and CMS was secured by the State Department on Aging for ADRC effort to further support the enhanced focus on the needs of persons with disabilities.

Simple adjustments have been made to highlight the availability of other useful information. A link at the top of the ADRC SD NoC pages has been provided to another San Diego County sponsored version of the Network of Care website that is focused on Behavioral/Mental Health. Previously, a user who was on the ADRC site might be completely unaware of what was offered on the Behavioral/Mental Health site. Recognizing that people may need assistance with both physical and mental illness, the Behavioral/Mental Health part of the site now also has a direct link to the A2i website noting that it is one of the leaders in San Diego "whose mission is to address the needs of individuals with disabilities, regardless of the cause or type of disability."

A Google-like search engine has been added to the ADRC web site as a portal to relevant information for consumers, so that they do not have to rely solely on the existing menu approach to identifying services. A Feedback page, accessible from the bottom of every page on the site, provides an avenue for users to express their views. If the user wishes, the comments can be posted on the website's Message Board, which is provided for users to post public comments. There is an events calendar on which service providers who have name-and-password access to Network of Care may post key events. Prescription Assistance and Medicare D have their own icons on the home page. Spanish language translation of resource materials has been improved.

To draw people to the ADRC website for the purposes of encouraging greater community recognition of this resource, several areas were identified for new resource development. Falls prevention received special attention as a way to encourage physicians and other providers as well as consumers and caregivers to use the ADRC for this major community health issue. Planning for long-term care needs was the other major area for which special materials where developed and synthesized. The Long Term Care Options Counselor button on the ADRC web page draws consumers to this feature.

Falls prevention was identified as an area where there had been considerable quality research and program development materials to which it would be worth drawing the public's attention. A major report had been recently done on falls, which demonstrated the significant problem this had become for San Diego County. Staff determined that a useful way to draw attention to the ADRC website was to highlight Falls Prevention with a separate icon and heading on the ADRC home page. The icon links to a collection of San Diego County resources, two educational videos, information on where to obtain educational materials, and an invitation to join local programs. This specialized section is augmented by a link to StopFalls, the statewide information and advisory resource for falls prevention, a service of the California Falls Prevention Consortium. The Falls Prevention site also includes basic epidemiological statistics, links to literature, intervention techniques and local resources. It was designed for use by physicians and other providers as well as consumers and caregivers. One of the rounds of surveys gave stakeholder respondents the Falls Prevention site as a choice to evaluate and provide feedback (See Appendix B, Analysis of the First Set of Surveys and Copy of the Questionnaire).

The dedicated section, Long Term Care Options Counselor (LTC OC), was a response to observations made by San Diego Long Term Care Integration Project stakeholders who felt that there was no unified, easily accessible assemblage of information and resources on long term care. LTC OC is a comprehensive set of informative articles and resources organized into seven chapters. Each chapter has an introduction and basic amount of information, supported by many

links to in-depth advice on particular topics. LTC OC provides resources across the spectrum of concern, from early planning ideas for people who are not yet in need to resources for caregivers. The range is shown by the chapter titles: Financial, Legal, and General Planning, Types of Long-Term Care, Healthier Living. Emotional Well-Being. Civic Engagement, Caregiving, and Resource Finding.

The Long Term Care Options Counselor was developed as an informational and decision-making support tool to assist elders, persons with disabilities, and their families in planning for all aspects of the later stages of life. It is based on the view that people require a cooperative, communicative system that will coordinate provisions and services for their social and community participation as well as their medical and functional needs.

The introductory page of Long Term Care Options Counselor cautions that it is a resource for information only. Several rounds of surveys of stakeholders were done to gain feedback on the LTC OC, and adjustments were made based on that feedback. Although one of the survey respondents suggested that there should be direct links to Advance Directive forms, these have not been installed. The links on legally sensitive subjects, such as these, take the user to sites where further information may be obtained.

Marketing and Outreach

An extensive social marketing plan for the new SD ADRC was developed (See San Diego Social Marketing Plan in Appendix A), using the ADRC Technical Assistance Exchange's recommendations for targeting the audience and pre-testing the materials (Stout, 2004). Plans were developed for addressing the primary target audience, older adults or adults with disabilities, and the secondary audience from which these people often receive most of their advice: family members, caregivers, physicians, and other health care providers. A brochure has been widely distributed, usually as an accompaniment to presentations to public and private health care provider groups (see San Diego County Aging and Disability Resource Connection brochure in Appendix A). Approximately 29,000 printed brochures had been distributed and 176,000 individuals had been contacted as of June 30, 2007. The SD ADRC staff has also conducted online demonstrations of Long Term Care Options Counselor.

The San Diego ADRC was featured in May on the Older Americans Month Showcase on the Administration on Aging website. It was one of the 2007 Choices for Independence Program Champions praised for demonstrating "streamlined access to information and services, evidence-based prevention and wellness projects and consumer-directed service programs that help seniors avoid unnecessary placement in nursing home facilities" (U.S. DHHS, AoA, 2007).

Network of Care itself has received praise from the National Alliance for Mental Illness (NAMI). "The Network of Care has specific tools in each of our mission areas," [NAMI's Executive Director, Michael J.] Fitzpatrick noted. "Research and education in the form of a library of over 30,000 current health articles; support in the form of a local directory of services; a secure area to keep personal records; and access to local legislative information… The Network of Care is consumer-friendly and culturally-responsive," he said. "It is uniquely

positioned to carry out our shared vision by effectively linking consumers, family members and service providers in local communities." (NAMI, 2007)

The Role of Surveys in the Evaluation

Some of the improvements in the public ADRC website were made in response to comments on surveys. Three distributions of paper questionnaires assessed opinions on the Network of Care site as a whole. Three more rounds of questioning concerned only the new Long Term Care Options Counselor section. They were conducted through online questionnaire service developed using Survey Monkey http://www.surveymonkey.com/. Paper versions of the online survey were supplied to those who preferred them. Highlights of these surveys are presented here. Sample questionnaires, the full survey analyses and discussion are in Appendix B. Responses to the surveys became part of the CQI evaluation process that took place during the three years of the pilot project. Selected detail and highlights of the surveys are offered below.

Series of Three San Diego Network of Care Paper Questionnaires

First Survey	Second Survey	Third Survey
November, 2005	March, 2006	April, 2007
10 tallied responses	8 tallied responses	20 tallied responses
15 questions	12 questions	12 questions (same)
5 demographic items	5 demographic items	5 demographic items

Highlights

- Most of the respondents to all three surveys were female Caucasian health information providers between the ages of 35 and 64.who used computers daily.
- The wording of the questionnaire was revised after the first distribution, but not between the second and third.
- Positive responses
    - Favorable impression of the quantity and quality of information
    - Likelihood of using the site again
    - Site seen as comprehensive, providing a “one-stop” resource
    - Directories and drop-down menus across the top
- Negative responses
    - Individual difficulties with finding specific information
    - Concern that inexperienced users would find navigation difficult
    - Links led to unavailable pages after installation of search engine

- Recommendations

    - Usability study to find navigation obstacles
    - Refine keyword search, to allow for approximations and narrowing
    - Correct problem with Google-like search engine

Series of Three Long Term Care Options Counselor Online Surveys using Survey Monkey

First Survey Analysis	Second Survey Analysis	Third Survey Analysis
November 9, 2006	December 4, 2006	May 1, 2007
10 questions	10 questions	10 questions
21 responses	30 responses	28 complete responses 1 added narrative 2 e-mailed comments

Highlights

- Most of the respondents were computer-literate female Caucasian health information providers between the ages of 35 and 64.

- A direct link to the survey was installed on the Long Term Care Options Counselor section of the website. It was surprising that so few people responded, especially to the third round, for which a chance for a prize was offered to participants.

- The number of respondents who answered all questions increased from the first survey to the third survey.

- Overall, respondents who had looked at all seven chapters of the LTC OC had more favorable views of the website than those who had looked at only some.

- Positive Responses

    - Most people found the site easy to use and well-organized
    - Most people found the information useful and comprehensive.
    - Navigation was easy for most respondents
    - Useful for persons with disabilities or the elderly or their caregivers

- Negative Responses

    - A few people thought the site would be overwhelming for consumers
    - A few found it hard to navigate
    - Several noted that there was no accommodation for persons with cognitive disabilities and that direction for appropriate services was not clear
    - Local information was not prioritized above that from other states

- Recommendations

    - Change the wording of the first question
    - Give local information priority

Continuous Quality Improvement through Webtrends Auditing

San Diego Network of Care subscribes to Trilogy's website auditing service, Webtrends. Every month SD NoC receives a numerical and graphical analysis of such information as the number of visits the website received, the pages that were viewed most often, and the navigation and activity patterns. Over time, SD NoC staff will be able to make changes indicated by the trends it observes. However, during the developmental period covered by this report when improvements to the basic NoC were the primary focus these did not play a major role in the evaluation strategy.

SD ADRC staff would have to invest more time and attention along with the support of Trilogy to obtain full benefit from the reports. Webtrends provides the data and definitional clarifications for the information provided (Webtrends, June, 2006, pp. 40-41), but do not provide comparisons from month to month, annual comparisons, or interpretations of the data. Webtrends supplies to its customers a manual showing how to interpret the data, but this resource is not available publicly.
http://www.hypersupport.com/members/manual/statistics/step1.htm
Webtrends also offers training courses, such as Understanding Webtrends Reports.
http://www.webtrends.com/Services/TrainingCourses.aspx
Other companies offer training. Computerlinks trains users to export Webtrends data to Excel pivot tables, so that users can create their own analyses.
http://www.computerlinks.co.uk/unipalm/computerlinks-training/$cltr-webtrends-training-courses.cfm
There are also consultants, such as ISITE Design, who will conduct training sessions in the use of data.
http://www.isitedesign.com/solutions/analytics.cfm?WT.srch=1&gclid=CM3s2fzq4Y4CFRGCGgodaRv2Pg

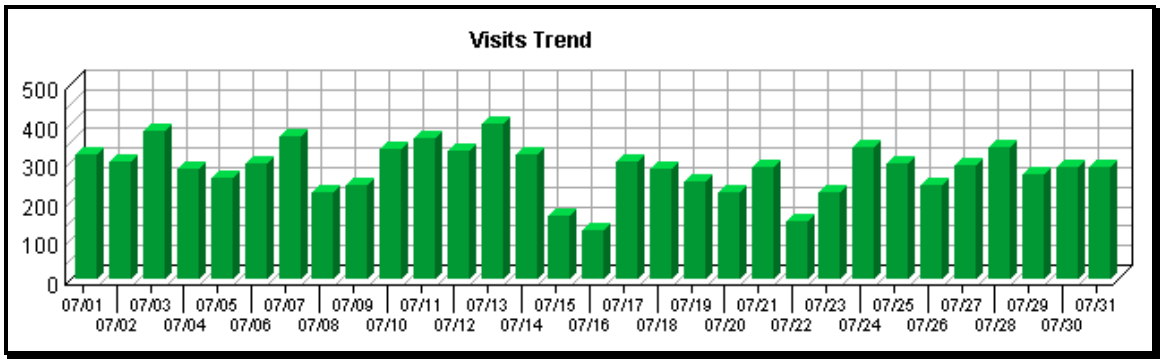
Information Provided in the Reports

Webtrends reports focus attention on which pages and directories are accessed most often, so that the developer can see which sites really attract attention. There are bar and line graphs and data tables detailing the number of pages viewed, the number of pages viewed most often, the top numbers of entry and exit pages, the directories most frequently used, and the files most often accessed. The reports tabulate the number of times a given page was visited, the amount of time the visitor spent there, and the percentage of the total visits in which the visitor viewed this page at least once. (Webtrends, June, 2006, pp. 37-41).Within a given year a developer can see which parts of the website are successful and which are not by comparing data from month to month.

Even a quick snapshot of this material can be worthwhile. For example, shortly after a Google-like search facility was installed on the SD NoC, the report for June, 2006, showed that it had attracted 35 visits, or 0.23 per cent of all visits in June (Webtrends, June, 2006, p. 43). By September, 2006, the number of visits had increased to 112, or 0.80% of all visits in September (Webtrends, September, 2006, p. 21). The developer would want to know if this increase was the beginning of a trend.

An Approach to Analyzing Visitor Data

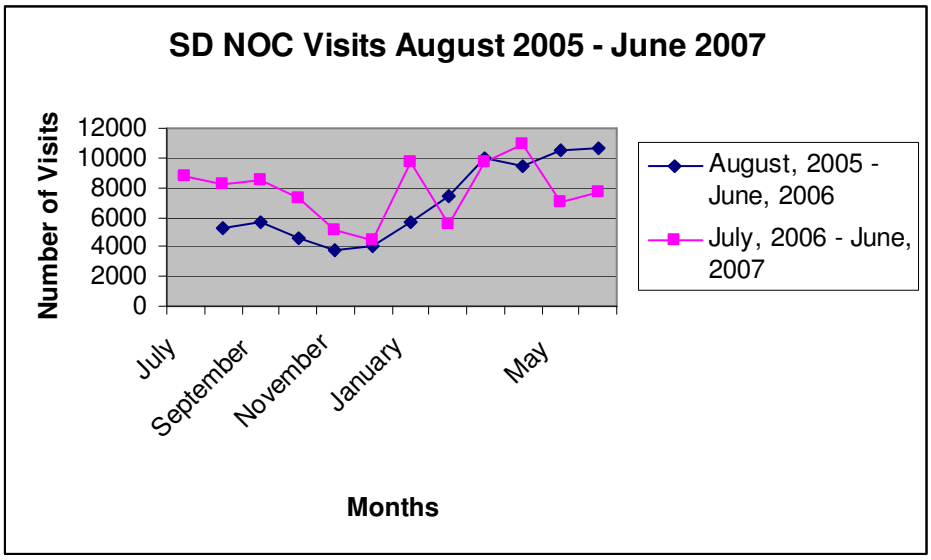
It is difficult to interpret information about the number and characteristics of the visitors from the data that Webtrends provides, except by observing patterns over several years. The Overview Dashboard, an introductory summary at the beginning of each report, shows the number of visits in a month and breaks down the data further, to give the average visits per day, average length of visit, median length of visit, international visitors, visitors of unknown origin, and United States visitors. In the body of the report, there are also bar graphs for each sub-category, such as the average length of visit and the number of visits in each hour of the day. The Overview Dashboard provides a bar graph and a tabular summary, showing the pattern of visits during a given month, as this example from page 3 of the July, 2006, Webtrends report shows.



Visit Summary	
Visits	8,749
Average per Day	282
Average Visit Length	00:52:15
Median Visit Length	00:05:53
International Visits	1.98%

Visit Summary	
Visits of Unknown Origin	3.57%
Visits from Your Country: United States (US)	94.46%

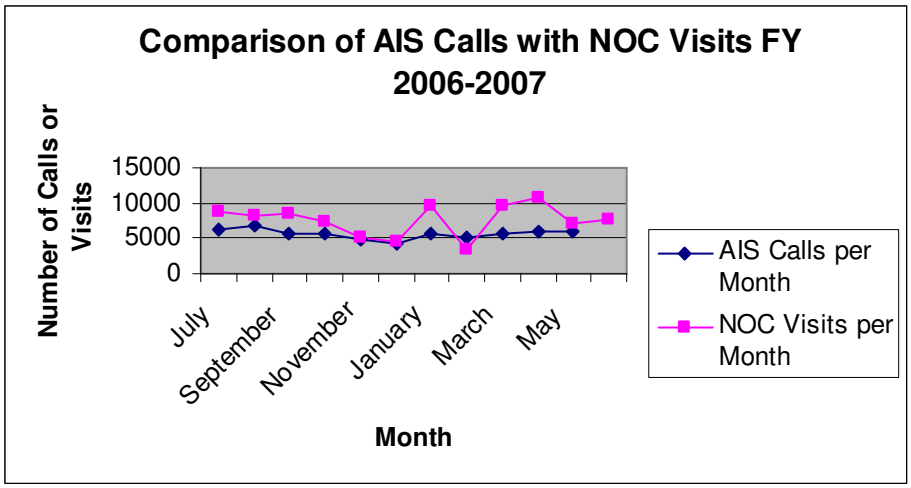
The information becomes meaningful only by an analysis of patterns from month to month or year to year. In the case of SD NoC, a comparison between two years of the number of visits per month indicates that there may be a seasonal decline in the number of visits during the autumn and an increase in the number of visits starting in January of the next year. The graph also shows that, for nine of the twelve months of the year, there were more visits during the second year, 2006-2007, than there were in the first year, 2005-2006. These are rough, preliminary observations, but they are sufficient to indicate a path that analysts would want to follow in the future, to see if there was a trend.



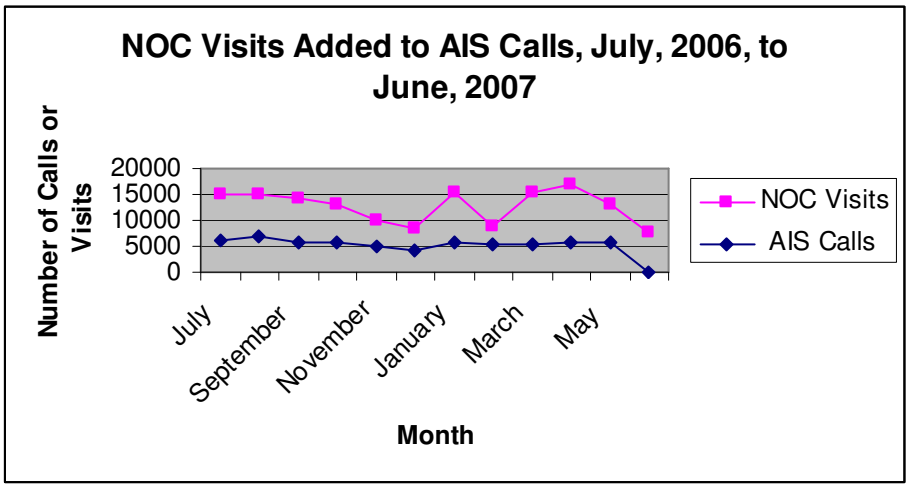
Webtrends tracks the San Diego Long-Term Care Options Counselor section separately, but had been collecting data on that for only three months, when the pilot project finished. It is not yet possible to determine what the trend is. The numbers of visits for April were 160, for May, 44, and for June, 38. It appears that attention to this site was greater in the early stages of its refinement when specific improvements were being sought.

The Benefit of Adding Network of Care Access to the AIS Call Center

If the number of calls to the AIS Call Center are compared with the number of visits to the NoC site, (as in the following graph), it will be seen that the Call Center volume is steadier over time. That may be because the population of elderly, persons with disabilities, caregivers, and health care providers has become accustomed to Call Center services over several years. The NoC resource is still new and the factors that influence people to consult it are not yet fully known.



If the number of visits to SD NoC website is added to the number of calls received at the AIS Call Center over the year July, 2006, to June, 2007, it will be seen that the opportunities for consumers to obtain information and services have been greatly augmented by adding, enhancing, and marketing the NoC site. See the following graph:



Del Norte InfoCenter and A1AA-ADRC of Del Norte and Humboldt Counties

The Del Norte InfoCenter went through a period of restructuring its county-wide services and its liaisons with some of the service organizations, notably the local Independent Living Center. While the InfoCenter does rely heavily on its web site as a means of providing information and services to the population, it also uses an InfoVan to circulate in rural areas, and it now occupies expanded facilities in a new Wellness Center in Crescent City that offers centralized services to the Del Norte County. The Wellness Center co-houses key services -- the Community Health Center, Senior Information & Assistance, Health Insurance Counseling & Advocacy Program (HICAP), Retired & Senior Volunteer Program (RSVP), Volunteer Center of the Redwoods (VCOR), and Low Vision Services -- with the InfoCenter.

Enhancement of the website has been only part of the ADRC-related activity in Del Norte, not the major focus during the ADRC Pilot Project period. Since Del Norte had recently chosen its own vender through a contract process, it decided to continue with the REFER system instead of changing to Trilogy's Network of Care. The existing database (REFER) tracks client intake, needs assessment, care plans/services, and service utilization. Building on these existing resources and with the support of other program resources, an unduplicated data collection system that could be used by other AAAs and other interested agencies has been developed. The expectation is to expand this site to include information/activities relevant to persons with disabilities and caregivers.

Potentially, Del Norte will find the website especially useful when the weather makes visits to rural areas difficult. Beyond keeping the resource database current, the staff may wish to install interactive capabilities for users. At present, the InfoCenter site lists its phone numbers e-mail address at the bottom of each page, so it is possible for the staff to respond to individual questions.

Del Norte's Progress

Del Norte had fewer resources available than most locations due to the small population in a relatively large geographic area. The former database used by the AAA was not considered optimal and access to the database was only through the Call Center Staff.

Activities to address the problems identified included:

- Upgrade of MIS system from Iris to Refer from RTM Designs after examining 10 potential systems
- Selection particularly focused on capability for reporting, supervision, and client intake oversight
- Work undertaken to develop a web-based resource directory so that consumers, caregivers, and providers might go directly to the website for resources if desired.
- Direct link to Google

Del Norte staff sought input on ADRC development and Call Center enhancements with the following activities:

- Meeting with local hospital discharge planning staff
- Discussions regarding referrals with the local nursing/rehab facility
- Planning for co-location with physicians and the health clinic which serves most of the residents in the community

The Del Norte Project experienced two critical staff changes in August, 2005, which stalled activities in the ADRC Project. Negotiations were continued to secure space and partnerships at the Wellness Center, and plans were finalized in December, 2005. Three of the original partners in the Wellness Center, Public Health, Children and Families Commission, and College of the Redwoods nursing program, dropped out of the project. These actions required the Project to re-group and refocus the original strategy, which significantly stalled the opening of the center.

Ongoing meetings with the local programs that serve the disability community resulted in a shift in focus. It was originally assumed that several Humboldt-based programs had the goals and the resources available to adequately serve the neighboring county of Del Norte. It was also assumed that joint outreach between Humboldt and Del Norte programs would be possible and optimal. In pursuing the goals of the ADRC grant project it was discovered that, due to years of dysfunction/lack of resources, the local Independent Living Center (ILC) in particular is in the process of building infrastructure. Until that is accomplished, it will be unable to commit significant resources. Additionally, while it was building its infrastructure and developing a positive reputation, it was not comfortable with a joint outreach effort. To adjust, the Project staffs secured revolving office space for "out of area" programs, It was agreed the InfoCenter staff would identify clients, connect with the appropriate program and schedule appointments as required at the Del Norte office.

The ILC agreed to an in-service training in March, 2006, when InfoCenter programs and the ILC would share program information, eligibility requirements, and referral processes.

In November, 2005, a local consultant was hired to complete the goals of the ADRC grant project. It was necessary to revitalize the advisory group who subsequently agreed to meet quarterly.

It was originally planned that the local MediCal office would be training InfoCenter staff on the eligibility process and providing the County office with electronic versions of all forms and applications. The Department of Health & Human Services (DHHS) had originally committed to having an eligibility worker on site at the Wellness Center. After the consultant met with DHHS, it was discovered that another shift had occurred. DHHS would provide "hard copy" applications for InfoCenter staff and would arrange a training focusing on a "pre-application" process. DHHS no longer considered staffing the Wellness Center with an eligibility worker. The InfoCenter staff has continued to work with DHHS to streamline access for their mutual clients.

Del Norte Surveys

The first survey was distributed by Del Norte staff in the first year of the grant cycle. It gathered information on all disability programs (many of which are home-based in Humboldt County) that may serve Del Norte County residents. Particular focus was placed on Americans with Disabilities Act (ADA) requirements and how ADA programs could be accessed by Del Norte County residents. Appropriate resources were added to the InfoCenter REFER Database and REFER-online to be utilized by the public.

The resulting A1AA-ADRC Agency Update questionnaire gathered basic information from educational and service programs and requested information on the building accommodations for persons with physical limitations and visual or auditory limitations. This survey would have been more comprehensive, if it had asked about provisions for persons with cognitive and/or affective limitations. The questionnaire asked if the program should be included in the InfoCenter brochure.

Del Norte ADRC Website Paper Questionnaire .

April 25, 2006
13 questions
7 respondents

<u>Highlights</u>

- Attractive
- Need for encompassing search tool noted by systems specialist

- Positive Comments

    - search features and links effective and efficient
    - most would return to the site.
    - Information generally helpful and sufficient.
    - clean, attractive, and easy to read, even for persons with limited vision

- Negative Comments

    - difficulty finding at least 2 resources
    - confined to zip code area, unable to access regional and national information.
    - specific local information was incorrect or out of date.
    - Appearance of website criticized by one person
    - Navigation considered too indirect
    - Some out-of-date entries

- Recommendations

    - Improve updating procedure
    - Clarify navigation instructions
    - Clarify ways of getting from local to state and national levels and back

In addition to the survey, the evaluator and staff studied the Del Norte InfoCenter website. The key recommendations are as follows:

- Clarify the path to and from regional, state, and national resources
- Clarify the connection between the Del Norte InfoCenter and A1AA-ADRC
- Cooperate with A1AA-ADRC in making its home page more immediately relevant to the consumer, placing the population information somewhere else
- Feature the Wellness Center more prominently

Part IV. Effectiveness of Solutions to Problems Identified in the Baseline

San Diego's Current Status

Progress has been made in improving the ADRC capability consistent with the original goals of the project. The ground work has been laid for continued improvements along the lines outline in the original grant application.

1. Call Center: The Call Center is now augmented by the Network of Care website as a resource. People can obtain initial information about resources and services from either place. Network of Care channels people who need personal advice to Call Center personnel and Call Center staff are being encouraged to refer callers to the SD NoC website when appropriate.

- Listings can now include for-profit as well as not-for-profit services. Providers of services themselves can have name-and-password access to SD NoC in order to list themselves in the Service Directory and publicize their events on the calendar.
- Permanent feedback mechanisms are in place.
- There are now over 10,000 health literature articles hand-translated into Spanish.
- AIS Call Center staff can directly observe and manipulate more features, so that efficiency of service and accuracy of information are improved.

2. Identifying potential modifications:

Three distributions of paper questionnaires about SD NoC and three rounds of online surveys about the Long Term Care Options Counselor produced responses that were taken into account along with observations made during ADRC technical assistance opportunities, teleconferences, meetings, feedback requests, and interviews with NOC users in 12 counties. Major additions:

- Google-like search engine
- Falls Prevention icon on the home page linked to information and resources
- Long Term Care Options Counselor, highlighted by icon on the home page

3. Physicians

Network of Care and Call Center staff members participated in the Physician Strategy with fee-for-service physicians and the managed Healthy San Diego health plans to ensure that they were attuning the enhancements of their services to the real needs of physician practices. Staff members also increased awareness among physicians of the need for care coordination by health care professionals who understood the need for this service. Two outgrowths of this communication were

- Explorations of future opportunities to integrate with SD MINE, a website under development with the San Diego County Medical Society that provides easy access to on line patient information under password protected protocols.
- Team San Diego, an initiative in care coordination education

4. Raising Visibility

A major marketing effort, based on recommendations in ADRC technical assistance literature, has been initiated, featuring

- Presentations at meetings of health and social work professionals
- Brochure distribution
- Powerpoint presentation about the San Diego Long Term Care Integration Project

5. Outreach to underserved or hard-to-reach groups

The greatest area of improvement has been the establishment of ties with Access to Independence of San Diego (A2i) and the California Department of Rehabilitation. As a result, persons with disabilities are now linked with Network of Care through A2i. Efforts to reach other groups are still planned for the future. These steps have been taken:

- Training on the CHIS system
- Spanish language translation improved

6. Need for stronger connections among all health and community service agencies

A strong, formal partnership now links the AlS Call Center, SD NoC, and the Access to Independence (A2i) organizations. It is highlighted by its distinctive title, Aging and Disability Resource Connection. Close working relationships exist among the staffs and stakeholders of these groups and the Long Term Care Integration Project (LTCIP) Planning Committee and its initiatives, Healthy San Diego Plus and the Physician Strategy.

San Diego's Future Projects

By meeting frequently with the San Diego healthcare community, the staff of SD ADRC has enriched its own understanding of the needs of the persons whom it seeks to serve and has established a presence of its own. Members of staff have attended many intense discussions on current concerns, such as a panel discussion on medical home visits and a meeting on Proposition 63, the Mental Health Services Act. Some of the early connections made through these meetings did not achieve concrete results by the end of the three-year life of the pilot project, but promise much for the future.

An enduring connection between SD ADRC and local physicians grew out of the Physician Strategy. Although the physicians indicated that they were not able right now to develop SD MINE in conjunction with SD NoC, they have continued a conversation about developing patient educational articles in various languages and appropriate educational levels. The My Folder capability of Network of Care still offers a resource that is already available electronically for establishing patient records in the future. Staff members from SD ADRC and Trilogy held conversations about installing a Personal Health Record model in My Folder. In the mean time

Trilogy has been asked to stream line the collection and printing of the existing personal health information forms so they can be more easily used by consumers.

More immediately, the core LTC Integration Project staff, working with George Mason University, has teamed with the UCSD extension on a new project to develop virtual team care training and outcomes research to improve community chronic care management. The project, entitled Team San Diego, has received funding from the California Endowment and the Alliance Healthcare Foundation to establish a set of eight online and six classroom instructional modules focused on care coordination and targeted to health care professionals in the county. Team San Diego will be a concrete and permanent outgrowth of the SD ADRC pilot project, and the plan is to house the online training as another service offering provided on the public version of the ADRC website.

Del Norte's Current Status

1. Management Information System

The MIS was upgraded by converting to REFER. Del Norte and A1AA-ADRC are committed to further enhancements, especially extending the reach of the resource listing, by installing a Google-like search engine and enlarging its own resource database. Through the A1AA-ADRC, there are extensive resources, but the consumer needs clearer pathways to find them.

2. Outreach

Ties between Del Norte and A1AA-ADRC staff members and health care providers have been strengthened by the consultative process of the last three years.

3. Wellness Center

The new Wellness Center is intended to be a physical "one-stop shop" as well as the physical locus for the InfoCenter website. It is intended to be all-inclusive, providing for the elderly, persons with disabilities, and persons of all cultures. In the future disability service providers are supposed to be housed within the center.

4. Public awareness campaigns

Because of the great difficulty Medicare recipients had in understanding the new prescription drug coverage, Del Norte's ADRC outreach and education focused on Medicare Part D trainings at the annual health fair and through the radio and written flyers. Del Norte contacted numerous groups, especially

- Native American Indians
- Disability Network
- Senior Centers
- Senior Housing residents

The Del Norte Community Wellness Center opened with a public ribbon cutting ceremony on August 7, 2007. Presentations were made by a number of community leaders including representatives of the Del Norte Board of Supervisors, the Del Norte Healthcare District, and the Agency Services for Area 1 Agency on Aging.

5. Outreach to underserved or hard-to-reach groups.

With the opening of the Wellness Center efforts to establishing the partnerships with Lighthouse of the North Coast and the Independent Living Center will be renewed. When these are resolved, the outreach presently conducted by the InfoVan will be better supported and extended.

Del Norte's Continuing Plans

The Wellness Center is Del Norte's version of a "one-stop" ADRC, with regular office hours, to improve both the individual's, and family caregiver's, ability to access information on and access to needed LTC support options with fewer calls, trips, and frustrations. Del Norte has created a physical entity with which to provide these services, and, in that way it has fulfilled its ADRC goals.

Having taken survey results and its own examination of Network of Care into account, Web consultants researched on-line application options for public benefits and prepared a new Del Norte website that emphasizes Del Norte resources upfront while also offering other local and national sources of information that might be useful. The data gathering options on the website were reviewed and improved in order to gather pertinent user information.

The ADRC project staff continued the process of evaluating the effectiveness of the current InfoCenter structure within the Wellness Center and will make recommendations for improvements. The identification of ADRC with the Wellness Center will continue beyond the pilot project. The Del Norte InfoCenter does not display the ADRC name or logo, but the Area 1 Agency on Aging does state that it is an ADRC and that it offers a "one-stop" resource for elderly persons and those with disabilities. The Del Norte Healthcare District plans to continue to add services to the Wellness Center as resources and support for new additions are forthcoming.

Part V. Summary Discussion and Conclusions

The ADRC movement across the country has great potential. The concept of the ADRC has its roots in the early integrated care movement to improve on community-based supports for the aged and people with disabilities, many of them eligible for both Medicare and Medicaid. While much public policy attention in this area is focused on those who are poor and eligible for Medicaid, the ADRC movement is designed to step back from this limited focus by recognizing that many other people need help in finding appropriate services and supports. Indeed helping the broader population with planning and accessing both acute and long-term care services in advance of when they need significant chronic care services can help people avoid or delay the need for Medicaid financing.

In California the ADRC grant opportunity stimulated a strategy that was designed to provide insights on two very distinct types of communities. San Diego, a very large county with significant rural areas, chose to emphasize website-based support for its nationally-recognized Call Center and the community at large. Del Norte chose to emphasize service consolidation in one physical location with some attention to website information and assistance. The common theme for both counties was to support a "one stop" strategy for information and assistance and to build that capacity using existing resources that would become more focused on the goals of the ADRC movement.

In the end both counties focused attention on bolstering their local website resources to support their regular approach to information and assistance. In the case of San Diego this was the intention all along, while in Del Norte delays in the completion of its Wellness Center necessitated attention to other ways to assure consumers were made aware of community resources. This result serves to highlight something that is likely to be relevant to the nationwide development of ADRCs. Whether the ADRC is primarily in person or call-based, there is a need for and value from having a website that helps people identify and access community health and social services and that complements existing resources. Over time if the community draws attention to, continues to update, and improves the website, the site can significantly broaden the capability of that community in serving the needs of elderly clients and those with disabilities, as well as those who serve them.

This continuous quality improvement (CQI) mind set was the basis for the ADRC evaluation work done in the San Diego. San Diego purchased the Network of Care with the purpose of having it customized to reflect local services and priorities. At the start of the grant 13 other California counties had also purchased the NoC and there are more today. As such, the pilot program envisioned for San Diego was highly relevant to a broader application of what might be learned about this resource in the context of a statewide approach to a web based ADRC. In addition, the strategy of linking the NoC to the Call Center was viewed as a marriage of two approaches that had received considerable positive reviews.

Early in the problem identification stage of the grant it was clear that there were bugs to be worked out in the working relationships envisioned as well as the content and operation of NoC. San Diego Call Center staff served as expert reviewers on NoC throughout the grant and noted

that it did not easily support the way they did business. They and others who were surveyed also found specific aspects of the NoC that needed improvement before they would feel comfortable directing the public to it as a resource. As a result of this feedback the NoC developers added a google-like search capability to the web page to help users find things more easily, substantially improved the language offerings to be more readable, and cleaned up some of the taxonomy on where and how resources might be discovered on the website. For the Call Center staff they developed an internal version that sought to improve the ease of use and reporting responsibilities as well as broadening the service listings to include the wider array that Call Center staff is more used to using.

While these changes were being accomplished, the San Diego project team pursued a parallel track of program development to add features to the NoC that could serve as new focal points that could be used to attract community attention to the website. Falls prevention was chosen as an area that has significant implications for the prevention of chronic care illness and disability, where evidence-based results could be shared with confidence. To broaden the appeal to an even broader population by encouraging planning for retirement needs, a Long-Term Care Options Counselor resource platform was designed, refined, and added to the San Diego NoC.

To help the San Diego ADRC to be responsive to the needs of persons with disabilities, a close and ongoing working relationship has been established with Access to Independence (A2i), the main agency responsible for identifying and providing services for this group, with the aim of promoting deinstitutionalization and sharing resources. There is now a specific link on the San Diego NoC to the A2i site so resources specifically targeted to persons with disability will be more obviously available. New ADRC grant funding was secured by the State to further support the enhanced focus on the needs of persons with disabilities.

The starting point and the ending point of this grant reflect the key lesson learned in this project. While it makes good sense to look to website resources as a key part of what any ADRC offers to its community, this undertaking must be viewed as a continuous quality improvement process that requires a basic level of monitoring and resources to make changes that can serve to update and improve the information that is provided. Feedback needs to be encouraged on an ongoing basis. Consumers need to be encouraged to visit the website by the appeal of the content offered and the opportunity to offer feedback.

Feedback can be collected through surveys of key respondents on specific elements of the website or on the website as a whole. This approach allows for targeting of both the respondents and the topics on which they respond. While the number of respondents may be limited, open ended questions can generate useful insights. Another approach to evaluation is to analyze such features in the systems the number of visits as a whole and visits to pages of specific interest by using an auditing program, such as Webtrends. Looking at Webtrends on the SD NoC we can safely conclude that the number of contacts in San Diego was greatly increased when we consider the community NoC visit counts along with the calls to the Call Center as a measure of the number of people served.

More general feedback can be collected by offering the option to share questions or comments as the spirit moves a user. Another approach that is commonly used on websites is the pop up

survey, which was used on NoC to determine whether family caregivers were among the users; a special request of the ADRC funder. More *ad hoc* but useful is the message board, which is more about the interests of the users. Then, as the literature review conducted for this study indicates, there are even more systematic and expensive ways of tracking the use of the website. The bottom line, however, is that the website needs to be reviewed on a regular basis and users need to be encourage to go to it and give feedback when they do. The latter is hard to accomplish but certainly doable as per the literature on this topic. Anybody purchasing or developing a web page must be prepared to invest in and trouble shoot that website, or it will become unreliable over time.

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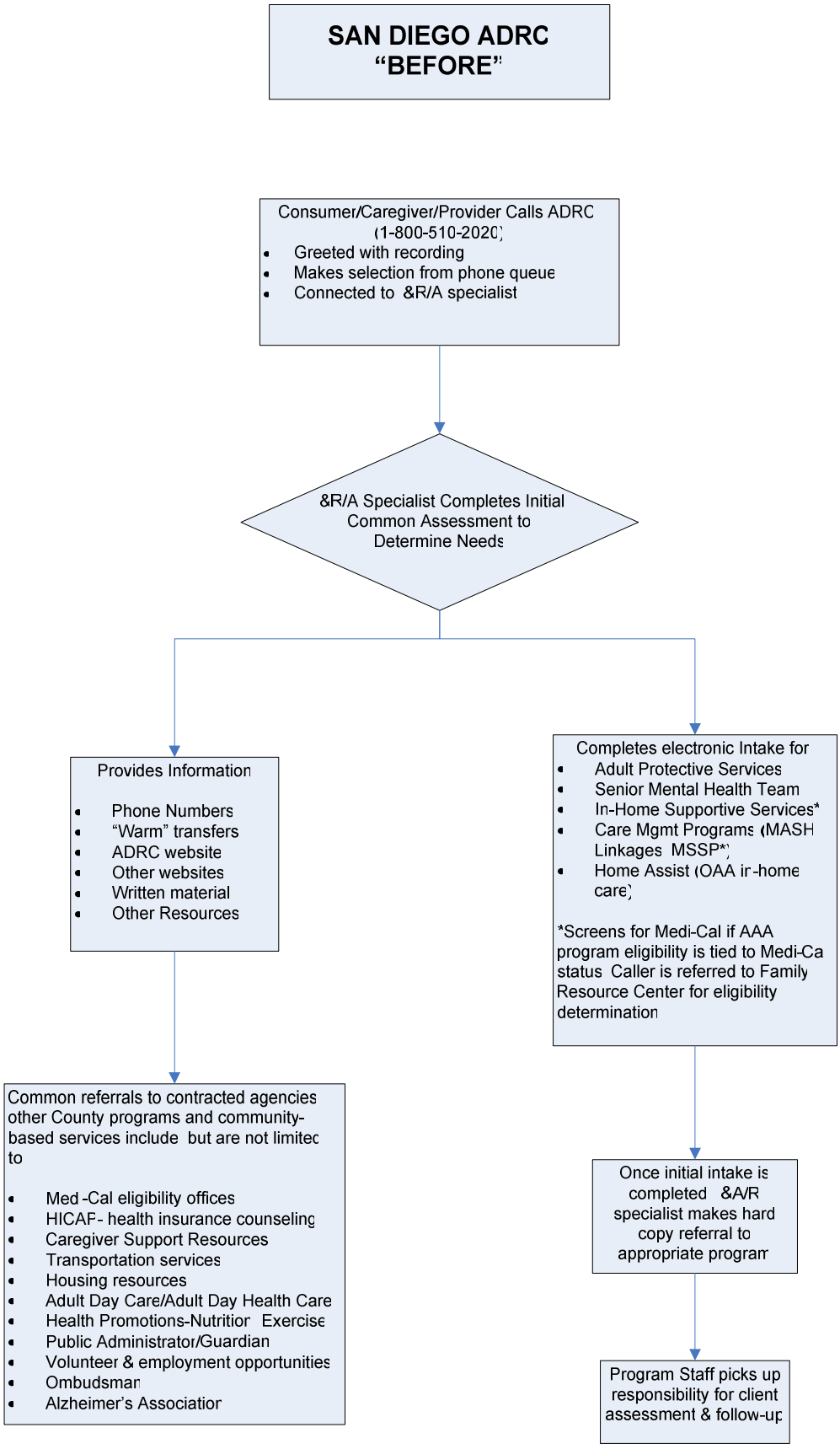
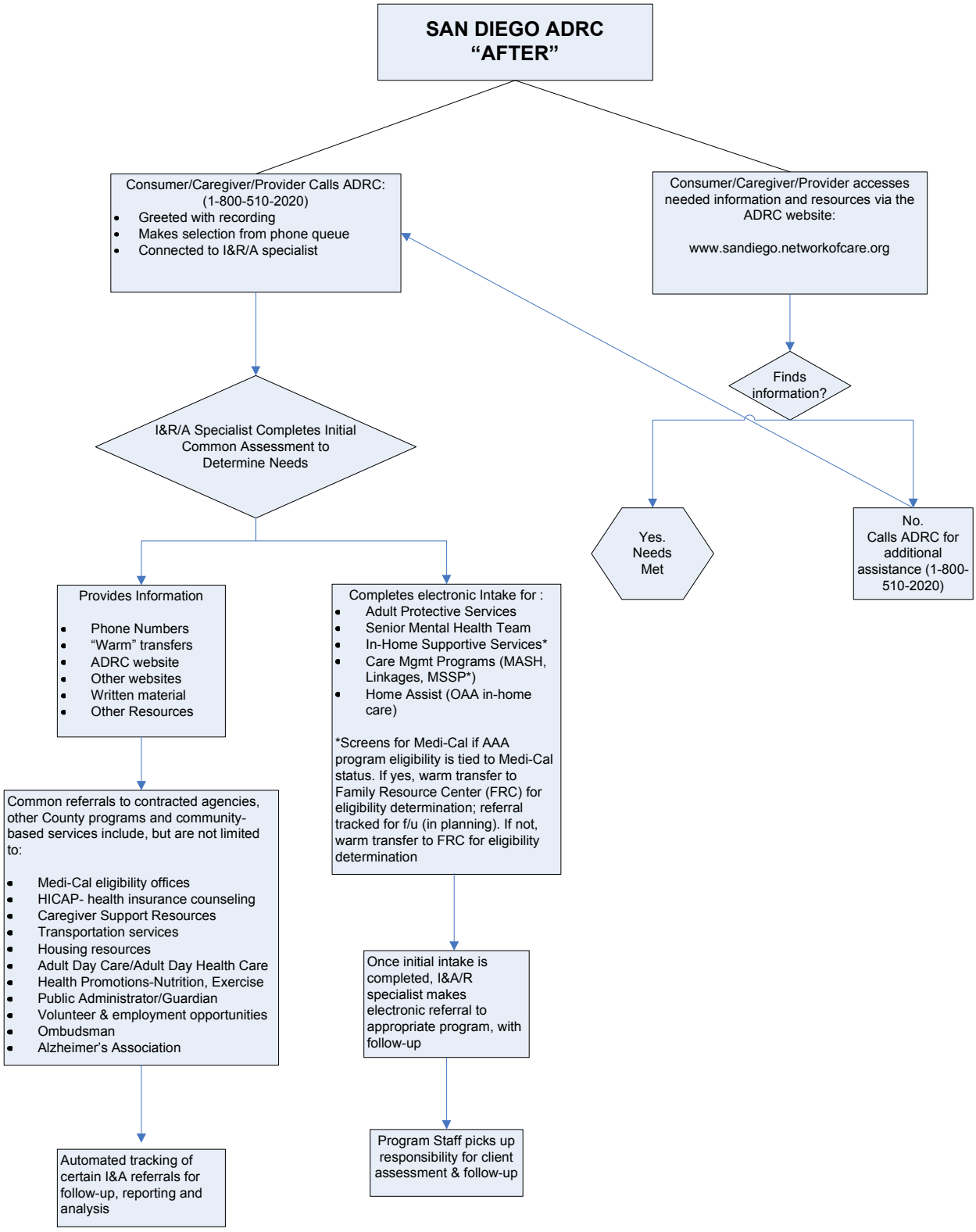
Appendices

Appendix A: Documents produced by the San Diego County Aging and Disability Resource Connection

Appendix B: Full Survey Analyses


SAN DIEGO ADRC
"BEFORE"
Consumer/Caregiver/Provider Calls ADRC (1-800-510-2020)
Greeted with recording
Makes selection from phone queue
Connected to &R/A specialist
&R/A Specialist Completes Initial Common Assessment to Determine Needs
Provides Information
Phone Numbers
"Warm" transfers
ADRC website
Other websites
Written material
Other Resources
Completes electronic Intake for
Adult Protective Services
Senior Mental Health Team
In-Home Supportive Services*
Care Mgmt Programs (MASH Linkages MSSP*)
Home Assist (OAA in-home care)
*Screens for Medi-Cal if AAA program eligibility is tied to Medi-Ca status Caller is referred to Family Resource Center for eligibility determination
Common referrals to contracted agencies other County programs and community-based services include but are not limitec to
Med-Cal eligibility offices
HICAP- health insurance counseling
Caregiver Support Resources
Transportation services
Housing resources
Adult Day Care/Adult Day Health Care
Health Promotions-Nutritior Exercise
Public Administrator/Guardian
Volunteer & employment opportunities
Ombudsman
Alzheimer's Association
Once initial intake is completed &A/R specialist makes hard copy referral to appropriate program
Program Staff picks up responsibility for client assessment & follow-up


SAN DIEGO ADRC
"AFTER"
Consumer/Caregiver/Provider Calls ADRC: (1-800-510-2020)
Greeted with recording
Makes selection from phone queue
Connected to I&R/A specialist
Consumer/Caregiver/Provider accesses needed information and resources via the ADRC website:
www.sandiego.networkofcare.org
Finds information?
I&R/A Specialist Completes Initial Common Assessment to Determine Needs
Yes. Needs Met
No. Calls ADRC for additional assistance (1-800-510-2020)
Provides Information
Phone Numbers
"Warm" transfers
ADRC website
Other websites
Written material
Other Resources
Completes electronic Intake for :
Adult Protective Services
Senior Mental Health Team
In-Home Supportive Services*
Care Mgmt Programs (MASH, Linkages, MSSP*)
Home Assist (OAA in-home care)
*Screens for Medi-Cal if AAA program eligibility is tied to Medi-Cal status. If yes, warm transfer to Family Resource Center (FRC) for eligibility determination; referral tracked for f/u (in planning). If not, warm transfer to FRC for eligibility determination
Common referrals to contracted agencies, other County programs and community-based services include, but are not limited to:
Medi-Cal eligibility offices
HICAP- health insurance counseling
Caregiver Support Resources
Transportation services
Housing resources
Adult Day Care/Adult Day Health Care
Health Promotions-Nutrition, Exercise
Public Administrator/Guardian
Volunteer & employment opportunities
Ombudsman
Alzheimer's Association
Once initial intake is completed, I&A/R specialist makes electronic referral to appropriate program, with follow-up
Automated tracking of certain I&A referrals for follow-up, reporting and analysis
Program Staff picks up responsibility for client assessment & follow-up

About the ADRC

San Diego County's Aging and Disability Resource Connection (ADRC) is made possible through a shared partnership among the County of San Diego's Aging & Independence Services as well as Access to Independence (Independent Living Center), Trilogy Integrated Resources, the California Department of Aging and members of the community. It is supported, in part, by a joint initiative sponsored by the Federal Centers for Medicare and Medicaid Services and the Administration on Aging.

Aging & Disability Resource Center

County of San Diego Board of Supervisors
Greg Cox, District 1 • Dianne Jacob, District 2
Pam Slater-Price, District 3 • Ron Roberts, District 4
Bill Horn, District 5
Chief Administrative Officer
Walter F. Ekard
Health and Human Services Agency
Director, Nick Macchione, FACHE
Aging & Independence Services
Director, Dan Sisk
In partnership with Access to Independence (a2i)
Director, Linda Rick

AGING & INDEPENDENCE SERVICES

Aging & Independence Services
9335 Hazard Way
San Diego, CA 92123

Visit www.sandiego.networkofcare.org/aging

San Diego County
AGING & DISABILITY
RESOURCE CONNECTION

Are you searching for aging and disability resources for yourself or a loved one?

Are you thinking about or ready to plan for the future?

The questions are hard enough. Finding the answers just got easier.

When you don't know where to turn, turn to us!

Welcome to the AGING and DISABILITY RESOURCE CONNECTION

The Network of Care website is a newly enhanced resource for San Diego County's Aging and Disability Resource Connection (ADRC). This web-based program:

- provides free, comprehensive information about long term care services and support options
- puts you in touch with important planning and communication tools
- helps you find local programs and services
- complements and enhances existing Call Center functions at Aging & Independence Services
- is for seniors and people with disabilities, as well as their caregivers and service providers

To get help:

Visit SanDiego.NetworkofCare.org and click on Seniors and People with Disabilities

If you do not have Internet access or you still can't find what you are looking for, call 1-800-510-2020 (Monday through Friday, 9:00 AM – 5:00 PM) to be connected to a trained professional

HELP IS JUST A CLICK AWAY

Highlighted features include:

Service Directory — A current and comprehensive database of local aging and disability services.

LTC Options Counselor — A brand new feature to help you think about and plan for your quality of life, now and in the future.

Google — A new search engine to make it easier to find information.

Library — A warehouse of up-to-date research articles produced by leading experts, including thousands of hand translated articles in Spanish.

a2i access to independence — A direct link to the local Independent Living Center website (a2isd.org), an additional resource for people with disabilities. Call (800) 300-4326 or TYY (800) 959-9395.

www.sandiego.networkofcare.org/aging

The ADRC website also includes many other exciting features:

- **Fall Prevention:** a new section that includes reports, fact sheets, videos and other important information on fall prevention
- **Assistive Devices:** a useful database to aid in the selection of an appropriate assistive device
- **Legislation:** provides the latest information on state and federal legislation and includes the option to communicate directly with lawmakers
- **My Folder:** a secure and central location where individuals can create, update, store and share important health information
- **Message Board:** a forum for individuals to discuss important issues about aging, disabilities and long term care
- **Medicare:** a new section that offers comprehensive, official information provided by the U.S. Department of Health & Human Services

PROJECT WORK PLAN – San Diego (Last Revised: 9-29-05)

Project Name: Aging & Disability Resource Center Program **Project Manager: Evalyn Greb**

Nbr	Major Objectives	Key Tasks	A. Measurable Outcome(s) B. Revised Projected Timelines	Evaluation Status
1	Ensure Network of Care website is operating at full capacity with the most current and up-to-date information possible. This will establish an on-going internal quality monitoring process to ensure that I&A staff responding to consumer calls and consumers, caregivers and providers using the NoC website will have access to comprehensive, accurate, and reliable information for Aging Disability Resource Center for one stop shopping .for community resources.	• Work with appropriate County staff, Network of Care website developer (Trilogy Integrated Resources, LLC) and sub-contracted database provider (Inform San Diego) to ensure website information is accurate and timely, with on-going database maintenance 1. Set regular meeting schedule w/Call Center Supervisor & NOC contract manager. 2. Document baseline "snapshot" to provide comparative evaluation capacity throughout grant period.	A. AIS to clarify and enforce current contracted responsibilities of both parties and make necessary contract amendments for the purposes of this grant initiative, where appropriate B. On-going throughout entire grant period	Call Center staff and supervisor, ADRC lead staff, Info Line staff, consultant, and Trilogy (NOC) staff, care managers, consumers, and caregivers have spent approximately 200 hours assessing the accuracy and accessibility of info available, correcting info and system problems, addressing Call Center staff need for user-friendly fixes, making modifications to the search engine and to tools for Call Center staff, and developing a formal MOU between the County and 211/InfoLine.
2	Expand current LTCIP Community Education Workgroup to serve as Resource Center Advisory Group	• Identify and recruit additional members to ensure broad representation from a diverse mix of stakeholders, including individual consumers, caregivers, physicians, local community-based providers, and other agencies that may be impacted by the ADRC program 1. Invite LTCIP Advisory Group members and those who provided support letters for grant in addition to Trilogy staff to participate in ADRC Advisory Group during the month of August. 2. In conjunction with the focus of the Community Education Workgroup, apply for CHCF DM grant to support the development of the state-of-the-art chronic care	A. Convene initial Advisory Group meeting to educate members on ADRC grant initiative, purpose of Advisory Group and relationship to LTCIP Community Education Workgroup and integration strategies B. September 8, 2004 A. Advisory Group meets on a regular basis to participate in making decisions and recommendations regarding the optimum make-up and on-going role of Group and issues related to continuous quality improvement for the Resource Center B. On-going	ADRC Advisory Group has been named and assembled. Input has been solicited and received from consumers, caregivers, health plans, doctors, educators, community-based organizations, and many other stakeholders through formal updates, presentations, and discussion periods at the regular LTCIP Planning Committee meetings since the initial kick-off meeting in September 2004. Trilogy staff has been available via conference call and at several on-site meetings (May 4, 2004; Sept. 8, 2004; Feb. 22, 2005; April 4, 2005). While the CHCF Disease Management grant was not awarded to San Diego's ADRC, another grant application has been forwarded to the Administration on Aging in conjunction with stakeholder to

PROJECT WORK PLAN – San Diego (Last Revised: 9-29-05)

Project Name: Aging & Disability Resource Center Program Project Manager: Evalyn Greb

Nbr	Major Objectives	Key Tasks	A. Measurable Outcome(s) B. Revised Projected Timelines	Evaluation Status
		management warehouse of information to be posted on the NOC. • Hold periodic workgroup meetings to monitor Resource Center activity and provide input		support a broad culture change from delivering care focused on symptom management to chronic care management across health and long term care services.
3	Secure human resources to organize and complete focus groups, survey design and evaluation. Evaluation activities will include measurable performance goals to assist in improving Resource Center operations over time and to determine overall effectiveness of the Resource Center concept	• Procure sole source contract with Dr. Mark Meiners, a national program evaluation expert, to complete focus group and evaluation activities	A. Three-year sole source contract in place with Dr. Meiners for San Diego focus groups and evaluation /pre and post -intervention survey design for both San Diego and Del Notre Counties B. August 1, 2004	Contract in place with Dr. Mark Meiners who has provided regular bi-weekly consultation to the entire ADRC scope of work in San Diego in addition to leading the evaluation of the one-stop-shop development of LTC information in San Diego and Del Norte. An evaluation plan has been drafted that describes the formative and process oriented approach to evaluating the two county's very different Resource Centers. The plan focuses on meeting core goals in five key topic areas (Visibility, Trust, Accessibility, Responsiveness, Efficiency /Effectiveness). This information will assist in improving ADRC operations over time and determining the overall effectiveness of the ADRC concept and applied strategies.
4	Examine critical pathways of consumers to long term care support options, information, assistance and decision-making with the goal of improving collaboration and linkages between and among consumers, caregivers, local physicians and health and social service providers	• Pre- and post-surveys will provide information on baseline pathways to LTC resources, information and decision-making and the impact of the interventions by the end of the grant period • Pre-survey information will be used to target existing critical pathway professionals for engagement in	A. Dr. Meiners will work with staff to develop surveys tailored to Resource Center Grant objectives, based on Cash and Counseling treatment group survey, capturing existing and post-intervention critical pathways B. Survey design to be completed by January 1, 2005	Pre-surveys have been tested and preliminary work has been completed on quality of information and access to information for both ADRC Call Center staff and consumers and caregivers. Examination of critical pathways also identified community clinics as underutilized pathways of aged and disabled consumers to LTC assistance

PROJECT WORK PLAN – San Diego (Last Revised: 9-29-05)

Project Name: Aging & Disability Resource Center Program Project Manager: Evalyn Greb

Nbr	Major Objectives	Key Tasks	A. Measurable Outcome(s) B. Revised Projected Timelines	Evaluation Status
		developing Resource Center interventions and outreach	A. Survey information will be collected and analyzed, and existing critical pathways identified for targeted outreach regarding linkage development with the Resource Centers B. Surveys to be completed and analyzed by March 30, 2005	and support options. ADRC staff and Dr. Meiners have met with community clinic leaders to brainstorm ideas for strengthening partnerships between clinics and the aging and disability network. A map was created overlaying the County's 84 community clinics and 76 senior centers
5	Assess current Medicaid eligibility process to determine potential for streamlining	Research and identify best practices and possible interventions applicable to CA and San Diego	A. Determine potential for developing and implementing proposed intervention(s) in collaboration with local Medi-Cal experts, AoA, CMS, Lewin, CDA and DN grant partners and other involved agencies, as necessary B. December 31, 2005	Staff has researched best practice documents, interviewed Medi-Cal staff from Fresno County, tracked Medicaid eligibility calls at AIS Call Center to collect baseline data, had several meetings with County Medi-Cal eligibility staff and been in communication with Region IX, AoA officials to determine potential for streamlining/improving within the ADRC
6	Test current AIS Call Center and Network of Care (NoC) capacity and responsiveness. Assess user satisfaction; identify problem areas; make suggestions for improvements; enhance NoC website as a communication and community resource tool. Activities will support quality improvement and continuous program improvement for aging Disability Resource Center	Focus group testing with AIS Call Center staff, providers, caregivers and consumers of all types, including seniors, ethnic minorities and persons with disabilities, as permitted by resources	A. Complete Focus Groups and list of recommendations for Call Center and NoC enhancements B. Start date: August 1, 2004 Ongoing	The foundation for the continuous quality improvement model has been laid by Dr. Mark Meiners as the ADRC pursues a process of due diligence in the discovery of what is not working and how to fix it for all users, including Call Center staff and others seeking access to LTC information. While individual and group testing has occurred on a preliminary basis, testing led to the conclusion that substantial improvements were required before more widespread testing with seniors, minority and disabled groups.

PROJECT WORK PLAN – San Diego (Last Revised: 9-29-05)

Project Name: Aging & Disability Resource Center Program Project Manager: Evalyn Greb

Nbr	Major Objectives	Key Tasks	A. Measurable Outcome(s) B. Revised Projected Timelines	Evaluation Status
		Develop Fall Prevention Module to be housed on NOC and SDMINE websites to test with consumers, caregivers, physicians and other health and social service providers. Fall Prevention will be used as an initial focus to support effective community, client and provider education around effective problem identification and solving. Based on findings, learning strategy will be expanded to the broader array of chronic care conditions/problems faced by older and disabled adults.	1. A. Organize and develop content of Fall Prevention Module and identify test groups 1. B. December 1, 2005 2. A. Pilot test of FP module w/ identified consumers, caregivers, physicians and other health and social service providers and documents findings for recommended enhancements 2. B. March 1, 2006	Outline for Fall Prevention module has been drafted and forward to County Medical Society for review and feedback. LTCIP has been recruited to assist in organizing and development content of module
		Examine potential of "My Folder" as a tool for consumers to have a summary of health and social services available on-line for sharing via pass code or for printing out to make available to providers	A. To occur within Focus Groups and be included in recommendation B. Completed by: June 30, 2006	"My Folder" work has been moved into the future due to the assessed need to improve both the quality of the information and the system by which it is accessed as a priority activity.
		Examine potential of the web site builder function as a tool to assist providers and community-based organizations in building their own web sites	A. To occur within Focus Groups and be included in recommendation B. Completed by: June 30, 2006	After the rollout of the ADRC, Trilogy staff provided an initial demonstration to educate county staff and local providers on how to use the web builder. However,

PROJECT WORK PLAN – San Diego (Last Revised: 9-29-05)

Project Name: Aging & Disability Resource Center Program **Project Manager: Evalyn Greb**

Nbr	Major Objectives	Key Tasks	A. Measurable Outcome(s) B. Revised Projected Timelines	Evaluation Status
				stakeholders have been challenged with this tool and so it remains under-utilized. AIS Fall Prevention Task Force member recently used the website builder to create a webpage for the Task Force and provided written documentation to LTCIP staff on challenges and suggested improvements. Consumers and AIS staff participated in CalCareNet Portal Enhancement Project Survey that is evaluating NOC website with CalCareNet and Virginia Senior Navigation website. Conduct survey's with Ca Counties using Network of Care website for seniors and persons with disabiliti8es.
		Define changes needed for database as a result of focus group findings; work with database owner to make initial database changes	A. Analyze recommended changes; negotiate with Trilogy to make website changes and enhancements B. Ongoing	A. Develop and complete Phase I pre-surveys and focus group/learning sessions and document findings for recommended Call Center and NOC enhancements B. Phase I Start date: Sept. 1, 2004 Phase I Completed by: Dec 31, 2004 A. Revise survey form for Phase II B. Complete by Nov. 1, 2005 A. Complete Phase II pre-surveys, focus group/listening sessions and document findings for recommended Call Center and NoC enhancements B. Phase II Start date: Feb. 1, 2005. Phase II completed by Dec. 31, 2005 A. Complete post surveys and focus

PROJECT WORK PLAN – San Diego (Last Revised: 9-29-05)

Project Name: Aging & Disability Resource Center Program Project Manager: Evalyn Greb

Nbr	Major Objectives	Key Tasks	A. Measurable Outcome(s) B. Revised Projected Timelines	Evaluation Status
				group/listening sessions to determine overall effectiveness of NOC as a one-stop shop resource B. June 30, 2007
		Identify how to systematically capture this process as an on-going continuous quality improvement process	A. Revise current feedback loop to reflect findings of focus groups regarding methods of continuously improving resource information and access B. Ongoing	. Dr. Meiners to develop evaluative process into systematic changes based on discovery of need as routine within ADRC policies and procedures. Also, develop 211 Protocols with 211-Infoline for I &A/R phone calls for seniors and persons with disabilities for same outcome.
		Work with Trilogy to ensure that all negotiated website enhancements are accurate and made on a timely basis	A. Website enhancements are completed within negotiated timeframe B. On-going	Trilogy Integrated Resource acquired license for google like search targeting Nov/Dec 2005 for implementation
7	Public education and training programs on LTC support resources and information, including health education and self-care management, to promote healthy lifestyle choices and increase awareness and use of the Resource Center to assist the aged and disabled in remaining as independent as possible in the community	Secure human resources to organize and complete training programs and outreach and education activities	Contracts in place for 12 months with appropriate outreach and referral specialists to work in conjunction with AIS staff and Dr. Meiners to administer and analyze surveys and complete education and outreach activities in targeted community settings B. April 2006	Public education and training programs regarding the ADRC have been limited to LTCIP Planning Committee meetings and regular outreach and education presentations to-date as the accuracy and user-friendliness of the system is being tested for improvement before this activity occurs.
		Hold periodic trainings at the AIS Call Center as well as in naturally occurring community gathering places for seniors, caregivers and persons with disabilities (e.g., Senior Centers, libraries, pharmacies,	A. AIS Outreach Staff and contract workers will develop schedule and complete periodic outreach based on 1) pre-intervention survey findings regarding critical pathways, and 2)	See above comments

PROJECT WORK PLAN – San Diego (Last Revised: 9-29-05)

Project Name: Aging & Disability Resource Center Program Project Manager: Evalyn Greb

Nbr	Major Objectives	Key Tasks	A. Measurable Outcome(s) B. Revised Projected Timelines	Evaluation Status
		hospitals, clinics, physician group offices, Regional Centers, health and social service providers' offices, etc)	analysis of demographic database for disparities in health and utilization of services B. To begin April 2006 and continue through June 30, 2007	
8	Underserved/under-utilizing target population outreach with AIS Info Van paired with culturally appropriate human resources in naturally occurring neighborhoods of diversity. The goal is to address disparities and challenges in serving hard to reach populations in need long term care, make recommendations for possible interventions and appropriate outreach methods and localities and complete targeted outreach based on recommendations	Utilize UCLA California Health Interview Survey (CHIS) database to sort San Diego neighborhoods by age and disability by ethnic group to focus outreach efforts appropriately	A. Develop local tables identifying most vulnerable populations using UCLA CHIS database B. Completed by: January 2006	Underserved/under-utilizing target population outreach has been delayed due to time-intensive process of working through problems found with accuracy and usability of the NOC and making fixes.
		Work in conjunction with community partners serving minority groups to focus on individuals who are underserved or under-utilizing public health and social services and LTC resources Utilize AIS Community Outreach & Education staff and grant funded staff/translators and bi-lingual health and human service professionals to provide targeted outreach, education and assistance to targeted ethnic minority groups regarding long term care support options, programs, services, eligibility, etc.	A. Meet with community partners to develop list of individuals at high risk within San Diego agencies and define a strategy for outreach and assistance that responds to diverse needs B. Completed by: April 30, 2006 A. Scheduled outreach to targeted underserved and underutilizing populations is completed B. April 2006 through June 30, 2007	Underserved/under-utilizing target population outreach will begin April 2006 in conjunction with community-wide education and training

PROJECT WORK PLAN – San Diego (Last Revised: 9-29-05)

Project Name: Aging & Disability Resource Center Program **Project Manager: Evalyn Greb**

Nbr	Major Objectives	Key Tasks	A. Measurable Outcome(s) B. Revised Projected Timelines	Evaluation Status
		Schedule and advertise "Benefit Analysis" clinics in identified target locations to assist those who are underserved/under-utilizing to obtain appropriate public benefits	A. Need will be determined based on findings of Outreach Staff while in the naturally occurring gathering places of persons identified as underserved/under-utilizing B. July 2006 through June 30, 2007, as determined by need	
9	Raise community visibility of Resource Center through media coverage	Procure media contract to develop brochure, posters, other print advertisements and/or radio and television commercials for Resource Center, as time and resources permit	A. Contract in place with media expert to develop and complete brochure and other print advertisements for Resource Center B. Oct. 2006	Media coverage timelines have been delayed; activity will begin following community wide education, training and targeted outreach
		Develop and print Resource Center brochure and print advertisements and disseminate at community outreach events, to local physician offices, community-based service organizations, and other appropriate localities identified during grant period	A. Resource Center brochure and print advertisements developed B. Completed by Dec. 2006; on-going distribution	See above
		Develop and produce radio and/or television commercials for Resource Center, as time and resources permit	A. Complete message development and production of radio and/or television commercials for Resource Center B. March 2007	See above

AGING & DISABILITY RESOURCE CENTER
SAN DIEGO SOCIAL MARKETING PLAN
October 2006 to July 2007

Introduction

"Social marketing is the application of commercial marketing and communication principles to public initiatives and programs in order to achieve social goals through behavior change" (Sutton, 1999). The foundation of this type of marketing is an in-depth understanding of how the target audience views the issue at hand and then the use of that information to craft messages and outreach materials that are uniquely persuasive to the target group.

Background

The Aging and Disability Resource Center (ADRC) is a joint initiative of the Administration on Aging and the Centers for Medicare and Medicaid Services. The overall goal is to create a "one stop shop" for older adults and adults with disabilities to provide information on long term care (LTC) resources and services that empowers and assists individuals to make informed decisions about their health care and plan for their future LTC needs and quality of life. One of the objectives of the initiative is that state grantees launch an effective public education and awareness campaign to promote the ADRC as a trusted source of information and assistance. In order to do that, the grantee must evaluate the target audience point of view and develop a consumer feedback loop to successfully develop effective campaign materials and messages.

San Diego's ADRC grantee is Aging & Independence Services (AIS), which includes the Area Agency on Aging programs as well as all other public programs administered by the County for persons who are elderly or disabled. As such, AIS is the local leader of the aging network and an important partner with the Independent Living Center (Access to Independence, or "A2i") which provides leadership for the disability community.

The social marketing plan below for the San Diego ADRC is based on a Technical Assistance and Exchange Issue Brief published by the Lewin Group for the ADRC initiative in May 2004. Locally, the plan relies heavily on AIS and A2i staff who will work with community partners and their clients for its success. Success of this plan will be measured by increased awareness and use of the ADRC, particularly the web site features, as a known and trusted LTC resource.

Pam Smith, Director of AIS, will be the spokeswoman for the culture change desired as the goal of this plan, as will Louis Frick, Director of A2i. Pam Smith has successfully formed regional networks bringing aging providers and advocates together in collaborative association to strengthen and improve the resources and services throughout the County. These efforts are currently being broadened and joined with like coalition-building by Louis Frick to integrate the younger disabled community as a full partner. These networks will serve as the foundation upon which this Social Marketing Plan is built.

Internal Marketing Plan

Step 1: Define the Target Audience

A. All AIS staff
B. All Health and Human Service Agency (HHSA) staff
C. All County of San Diego Public Information Officers
D. All A2i staff and Board of Directors

Step 2: Developing Messages and Materials

A. Messages:
   1. Directors distribute information regarding the enhanced NOC web site as the first source for information, with the Call Center and A2i staff available whenever the information needed can not be found on the web site.
   2. County employees in AIS and HHSA and staff at A2i are enlisted and encouraged to recognize they have personal need and use for the ADRC for selves, family, friends;
   3. County employees in AIS and HHSA and staff at A2i are enlisted and encouraged to share their knowledge of the NOC web site with clients, caregivers and other providers they continuously come into contact with who desire or could benefit from accurate and timely information on the different types of LTC options, planning tools and programs and services available.

B. Materials:
   a. Combine ADRC Flow Chart with brief narrative overview of improvements/enhancements in Call Center and on web site that would engage them in using it and referring to it;
   b. Develop a narrative with a little more detail on why staff or consumers would be advantaged by using the site;
   c. Develop and “shop“ articles with the messages about the ADRC as outlined in the “Messages” section above.

Step 3: Pre-Test Materials

A. AIS staff will be surveyed with a self-administered questionnaire after the first round of messages as to whether the message is understandable, on target, accurate, and appealing.
B. Materials will be revised based upon AIS staff feedback.

Step 4: Implement and Evaluate the Internal Marketing Campaign

A. Initiate internal campaign at the AIS All Staff meeting on October 26, 2006 and the A2i February Staff meeting with the announcement of the new and improved NOC web site, emphasizing the desired messages in Step 2.

B. By January 1, push the message via materials identified to staff via inclusion in department newsletters, announcements at management and all staff meetings, and distribution of posters and brochures with employee paychecks.
C. On the first of each month thereafter, produce web trends for the ADRC on number of visits.
D. On March 31, send a self-administered questionnaire to a statistically representative sample of staff to determine if their behavior has changed in regard to using the ADRC web site, Call Center, and A2i referring consumers to it, referring providers to it, and satisfaction level.

EXTERNAL MARKETING PLAN

Step 1: Define the Target Audience

A. Primary target audience: San Diego residents who are older adults or adults with disabilities. Few older adults have planned for their long term care needs. Many are not aware of all of their options, do not know where to start and/or think that Medicare will cover all medically-related expenses and therefore, a plan is in place. The fact that Medicare covers only primary, acute and rehabilitation is not widely recognized. Younger adults with disabilities have greater knowledge about Medicaid funding for long term care in the home, but still may find themselves at risk of institutionalization due to lack of knowledge regarding other supportive services.
B. Secondary target audience: families, friends, caregivers, physicians, discharge planners, and other providers or the entire San Diego adult population. There is in the general population the glamorization of youth, with the attendant denial of and planning for aging and dying well. The message for this group may resonate in a more acceptable way if it is about getting help for someone older or disabled that you love and want to help, rather than centering the campaign on the healthy middle aged person using the ADRC for his/her own long term care planning. However, if one uses it successfully for a loved one, he/she will have a positive experience that will inform his/her future behavior about finding resources and services, and perhaps even planning!

Step 2: Research and Segment the Target Audience

A. Researching the target audience
    a. Knowledge of the problem: older adults and adults with disabilities have difficulty finding and knowing about the LTC resources and services that are available to help them maintain independence in the community setting and plan for their future LTC needs and quality of life;
    b. Attitudes and perceptions: two focus groups will solicit input from the primary and secondary target audiences to understand attitudes and beliefs and get input on the marketing message developed for each group. It is noted that the two target audiences have some significantly

different characteristics both regarding comfort with web site use and willingness to ask for/demand assistance.

c. Behaviors: older adults and adults with disabilities and their providers, caregivers, and family have learned of LTC resources and services in the past through the local critical pathways of hospital discharge planners, physicians and their office staff, home health professionals, 211, and the AIS Call Center.
d. Outreach: previous critical pathways will be employed as well as a media campaign to get information to the primary target audience regarding the ADRC; the secondary target audience will be the focus for ADRC outreach directly via e-mail and media campaigns with a slightly different message to engage them to help those in need to access LTC resources and services.

B. Segmenting the target audience:
   a. Demographics: age, income, disability status, and primary language are the demographic characteristics that will be used in San Diego to target the neighborhoods that most need special outreach and education messages about accessing LTC resources and services, while the general adult population will be targeted for the larger media campaign that draws people to the NOC web resources as a generally important newly improved offering from AIS;
   b. Attitudes and behaviors: the campaign will develop two different messages for the two target audiences based on attitudes and behaviors around Internet and Call Center use to access information on LTC resources and services to deliver in the overall campaign as well as to the targeted neighborhoods of underutilizing, underserved populations.

Step 3: Developing Messages and Materials

A. Developing Messages
   1. Who are the consumers and what are they like?

      The primary and secondary audiences are described above. Developing messages for the target audience is about asking them to go to the web site first for information and referrals, particularly when they may be at a critical decision point regarding setting, and then contacting the Call Center if they can't find what they are looking for or need additional help.

      Examples:
      Primary Audience: Are you at risk for being under-informed about local health and social services that could help you stay independent at home?

      Would you contact a trusted source for information if you had to make a critical decision about whether to reside in the community or a nursing facility?

Secondary Audience: Is one of your parents or grandparents at risk of needing nursing home care?

2. What action should the target audience take as a result of the communication?

Action: "Go to www.sandiego.networkofcare.org/aging to discover your options. If you can't find what you need there, call 800-510-2020, Monday –Friday, 9AM to 5 PM!"

3. What reward should the message promise?

- Accurate and timely information to empower individuals to take control of their health care and future quality of life.
- Assistance in navigating the supportive services systems
- Information on the most appropriate level of care and services for you or your loved one
- Discovery of the one stop access to resources, services, and tools for today's and tomorrow's long term care needs.
- It's "easy, friendly, and fast!"

4. How can the promise be made credible?

Test the credibility of the message in the pre-testing phase of the campaign.

5. What communication opportunities and vehicles should be used?

Reach older adults and adults with disabilities while they are on the "critical pathways" to institutionalized care, such as during or just after hospital discharge or home health agency discharge, in the "teachable moment".

Reach the secondary audience with a broad media campaign so that they may be informed of a resource that will be important for their loved ones who may be on a critical pathway to institutionalization.

6. What image should distinguish the action?

Image needs to appeal to the target audience in style look and tone when choosing visuals, music, graphics, language, and spokespeople.

B. Developing Materials

1. Brochures and posters need to be placed in the offices and with the staff of all health and social service partners in San Diego, including physician offices, pharmacies, clinics, senior centers, disabled community providers, etc. These materials can also be distributed at community events such as health fairs, fund-raisers, and other events in which the target audience might participate. Direct mail is also an option (postal service and Internet).

2. Print advertisements will be run in AIS, HHSA, and A2i publications sent to community partners and County retirees. AARP will be approached to include print advertisements in local mailings. The Caregiver Resources Center and other community partners will include articles in their widely distributed newsletters regarding the importance of knowing about the ADRC as a resource.

3. Radio/TV PSAs and the County Television Network will be additional ways to reach the target audience if resources are available to develop PSAs. AIS sponsors a weekly radio show now which will be used as a vehicle for getting the word out about the ADRC.

C. Language Issues

1. Make it personal, using the word "you";
2. Convey immediacy by using the present tense;
3. Pull the consumer in with a question to which he can answer "yes";
4. Focus on a few key points, keeping words to a minimum;
5. Consider the reading level of the audience and avoid technical words, multi-syllable words, and long sentences.

Step 4: Develop and test proto-type materials

Solicit feedback from representative members of the target audience on the proto-type materials:

- Did you understand the problem and suggested action?
- Did the audience react to the material as intended?
- Were the materials appealing?
- Were any mistakes identified?

1. Methods of pre-testing include:
   - Focus groups
   - Interviews
   - Self-administered questionnaires
   - Readability testing

2. Revise materials based on target audience feedback:
   - Change anything that a majority of the target audience tested did not like.
   - Change all factual errors or unclear statements.
   - Change the "look" if the audience does not find it appealing.

Step 5: Implement the Campaign: work yet to complete!

1. Communication: materials will be disseminated via newspaper and newsletter articles, brochures, outreach and education by staff either in public forums or through scheduled meeting presentations, and all other ideas gleaned from partners and experts.

2. Production: how many copies of brochures and other vehicles will depend on the budget. Staff will determine how to get these out to the audience, and how partners will re-order if they need more.

3. Public relations: free media coverage be generated by appealing to columnists who write for seniors, enlisting partner agencies who write newsletters to include articles, providing outreach and education staff with ample supplies of brochures and an adequate understanding of what is available through the new resource.

4. Monitoring: we will know our message is reaching the target audience using the following indicators:

- Web site visits, unique and repeat
- Call Center statistics for calls, visits, e-mails
- Web trends for categories most often visited
- Partner use of marketing materials.

5. Evaluation: (Mark)

- What is the level of desired impact?
- How will success be measured?
- What data will be used to measure?
- What will the baseline measure be?

AGING AND DISABILITY RESOURCE CONNECTION OUTREACH LOG
March through June 30, 2007

SUMMARY TOTALS:

Total estimated individuals reached: 176,500!

Number attending presentations w/web site demo: 1,379
Total circulation of newspaper/newsletter ADRC articles published: 165,000
Number of direct mail with cover, brochure, brochure order form: 3,304
Number of e-mails to individuals/agencies in local collaboratives: 1,198
In Focus Radio Show estimated listeners: 5000
(Total brochures distributed to-date:29,000)

MARCH	Agency/person	Present./brochure	#reached	comment
7	Disability Coalition Monthly Meeting	Presentation	15	
8	Healthy San Diego Joint Committee Mo'ly Mtg	Presentation	30	
9	IHSS Advisory Committee Mo'ly Mtg	Presentation	25	
10	Aging & Independence Services and East Region All Staff Meeting	Presentation and on-line demo	500 staff	
12	Cover letter w/ 5 brochures to Bobbie Feinburg (Mid-City Community Clinics)	Explanation of ADRC	Will let mgmt staff know about resource	
12	20,000 ADRC brochures delivered to AIS			
15	AIS Hazard Way staff	Brochure to each	120	
15	Outreach and Education staff asked to carry brochures to all outreach events		2000 brochures provided to staff	
21	E. Co. Action Network Monthly Meeting	Presentation to 22	35 brochures	
21	SD Disability Action Coalition weekly electronic newsletter	Publishes ADRC article	Distribution: 178	
22	Area Board XIII and People First Managers	Presentation to 2	50 brochures	
23	AIS Outreach & Education staff		2000 brochures for distribution	
24	Riverside Area Agency on Aging	Tour and on-line demo for 2 staff		
24	Long Term Care Integration Project Planning Committee mailing	Info included on ADRC	600 via e-mail 200 via US Post	
26	Vista Community Clinic, adult service manager (Dorothy Lujan)	Presentation	50 brochures	To do staff presentation on date tbd
26	Nancy Saint John, Library adult svcs mgr	Agrees to distribute brochures to 33	2400 brochures	

		County branches		
27	So-Can Monthly Meeting	Presentation to 15	80 brochures	
29	AARP local rep, Maxine Fischer	Presentation	1000 brochures to be distributed to members of all local chapters	Working on national newsletter article on ADRCs
APRIL				
2	Exhibit at Native American Indian Conf. In SD		35 brochures distributed	
2	Veteran's Services, Tom Splitgerber	Explanation of ADRC	150 brochures for staff	
2	SSA offices in SD County	Cover letter from AIS Director	7@50 brochures each	
2	AIS Nutrition Sites	Cover letter from AIS Director	54 sites@50 brochures each	
2	AIS HCBC Contractors		52@1 brochure each	
3	Southern Caregiver Resource Center, Lorie VanTilburg, Exec. Dir.	Presentation	300 brochures for staff distribution	Will print ADRC article in August newsetter, "Wavelengths", with distribution of 12,000
3	Public Authority Manager, Bud Sayles	Presentation	150 brochures for staff distribution	
3	AIS Newsletter	ADRC Cover Story	Distribution to 5000	
4	San Ysidro Health Clinic	Presentation an on-line demo @ staff meeting	35 brochures	
5	Pacificare Senior Produsts Manager, Linda McGrath	Presentation	100 brochures for staff distribution	
9	HICAP Manager, Jennifer Duncan	Presentation	150 brochures for staff distribution	Presentation @ volunteer meeting scheduled for 6/8
10	Meals-on-Wheels, Exec. Team	Presentation and on-line demo	Brochures for 1100 clients and 1400 volunteers	
17	RSVP Program Manager, Sandy Lawrensen	Explanation of ADRC	150 brochures for volunteers	
18	Coordinated Leadership Conference in Anaheim, CA	Presentation to 150	150 PowerPoint handouts	
20	North County Sentinel Newspaper article		Circulation: 15,000	
23	YMCA-Mission Valley	Explanation of ADRC	Mailed 1 brochure w/ cover letter for approval	Agreed to make available to membership; possible article in summer newsletter and/or presentation to Active Older Adult group
24	SanDiCAN monthly meeting	Presentation and on-line demo to 10 providers	50 brochures to each provider for staff and clients	
24	San Diego Parks and	Explanation of	100 brochures for	Agreed to put article in

	Recreation Senior Services Dept. (Kathy Aceves)	ADRC	10 nut sites	next quarterly "Senior Scroll" newsletter. Will also try to put an announcement in Therapeutic Recreation Services newsletter, for their clients with disabilities
24	NorCAN monthly meeting	Presentation and on-line demo to 25 providers	75 total brochures for staff and clients	
25	AIS monthly manager's meeting	On-line demo of LTC Options Counselor for 7 managers		
27	SanDi-CAN email distribution list (Brian Rollins)	Mass email with ADRC article	800 on distribution list	
MAY				
1	SD County Chief Admin Office, Executive Management Team meeting	On-line demo of LTC Options Counselor for 30 Executive Management staff	50 brochures for display case in Jean Shepard's office; 50 brochures for distribution to mgmt staff	
1	County of San Diego Newsletter article		Circulation: 17,000	
2	ECAN email distribution list (Kathy-Holmes Hardy)	Mass email with ADRC article	340 distribution	
4	Sycuan	Presentation/demo to 2 Sycuan tribal staff	15 brochures for distribution	Interested in scheduling presentation for roundtable
4	Neuro-Network of San Diego		Gladys Swensrud requests/receives 50 brochures to distribute at periodic meeting	
7	County of San Diego Press Release	Press release re: AoA selection as 'Program Champion'		
8	IHSS staff	Presentation to 100 at staff meeting	175 brochures were picked up by staff	
9	District Attorney's Office (Maria Calla)		Requested and was sent 20 brochures	
10	Aging & Independence Services and East Region HHSA All Staff Meeting	Presentation and demo for 500 staff		
11	Santee Health Fair	25 individual demonstrations	70 brochures distributed	
12	Exhibit at People's First	23 individual	75 brochures	

	Conference	demonstrations	distributed	
14	Society of Human Resource Managers	Cover letter by Pam Smith and brochure to each manager	1300 letters and brochures by USPS	
14	YMCA	Brochures requested to pass out to individuals in Senior Programs	300 brochures	
15	County Chief Administrative Officer's Monthly Update published with article about ADRC		All County managers and supervisors: approximately 4,000 individuals	
16	20,000 more ADRC brochures ordered			
18	Catholic Charities	Presentation to 10 residential service coordinators	20 brochures	
21	A2i Open House	9 individual presentations	20 brochures	
24	Southeast Coalition	24 providers	50 brochures	
24	Riverside County Area Agency on Aging	2 staff visit SD ADRC		
25	AoA Choices for Independence Program Champions	San Diego's ADRC featured on AoA's website for Older Americans Month		
26	Lynn Daucher, Director, CA Dept. of Aging	Presentation and on-line demo		
30	City of San Diego Senior Services	Kristi Fenick orders/receives 50 brochures		article
30	Bayside Community Services	2 staff		Wants presentation to Linda Vista Collaborative
June				
1	Blind Center	Staff presentation and demo	2 staff, 10 brochures	
1	North County Times Newspaper	ADRC article published	Circulation of 90,000	
4	Imperial County A2i staff	Staff presentation and demo	2 staff, 25 brochures	
6	Union of Pan Asian Communities	Staff presentation and demo	37 staff and volunteers and 100 brochures	
6	NAMI (National Association for the Mentally Ill) Newsletter	Publishes article on the ADRC	Circulation to 800 individuals and agencies	
6	Greg Knoll, CEO of Consumer Center for Health Education and Advocacy	Demo	100 brochures	

7	Brochure mailing (with re-order form) to 85 skilled nursing facilities and 606 RCFE's	Brochures to all licensed SNFs and RCFEs in San Diego County	690 facilities receive a brochure	
8	Health Insurance Counselling and Advocacy Program Volunteer Training	Presentation and demo to volunteers	35 volunteers, 100 brochures	
8	Elderhelp	Staff presentation and demo	3 staff and 10 brochures	
10	Sun and Sea Manor		Request/receive 50 brochures	
11	Sunshine Care		Request/receive 50 brochures	
11	St. Paul's Manor		Request/receive 10 brochures	
11	Alliance for African Assistance	Meeting w/CEO re: coming to staff meeting to present		
12	Chula Vista Community Collaborative	45 members got powerpoint demo	100 brochures distributed	
12	Sunburst Residential Care Home		Request/receive 25 brochures	
13	East County Senior Service Providers	20 staff and demo	50 brochures distributed	
15	Vital Aging Conference	Provided $5000 sponsorship, set up demo table for NOC w/approx. 100 individual demos	brochures included in each "goodie bag" for all 1375 participants	
16	San Diego County Retirement Association Quarterly Newsletter	Full page article on ADRC	Circulation: 22,000	
18	Aurelia's Guest Home II		Request/receive 2 brochures	
18	Maureen Parker MPT, MA, GCS PT Consultation		Requests/receives 10 brochures	
18	Vista Knoll Convalescent Center		Requests/receives 50 brochures	
18	Pleasant Care of Vista		Requests/receives 100 brochures	
18	Villa Monte Vista		Requests/receives 30 brochures	
18	Arlene How (consumer)		Requests/receives 1 brochure	
18	San Ysidro Health Clinic		50 Spanish ADRC brochures delivered	
18	Laurie Independent Living		Requests/receives 1 brochure	
19	Windsor Gardens of San		Requests/receives	

	Diego		20 brochures	
19	Mission Home Board and Care		Requests/receives 10 brochures	
19	Magnolia Special Care Center		Requests/receives 15 brochures	
19	Arbor Hills		Requests/receives 20 brochures	
19	Hillcrest Manor Sanitarium		Requests/receives 50 brochures	
20	LA City and County AAA	3 staff tour and get on-line demo of ADRC		
20	Paradise Valley Health Care		Requests/receives 50 brochures	
20	Seacrest Village		Requests/receives 50 brochures	
21	Licensed Home Health Agencies and Hospice mailing		61 agencies sent one brochure and brochure order form	
25	A Advantage Home Care, Inc.		Requests/receives 25 brochures	
25	Stanford Court Nursing and Rehabilitation		Requests/receives 20 brochures	
25	Canyon Hill Senior Home		Requests/receives 20 brochures	
25	Chase Care Center		Requests/receives 25 brochures	
25	Emmanuel Convalescent		Requests/receives 25 brochures	
25	American Health Service of San Diego		Requests/receives 50 brochures	
25	Eldorado Care Center		Requests/receives 100 brochures	
25	Peppertree Independent Living		Requests/receives 2 brochures	
25	Orange County AAA	Conference call with 3 staff re: SD ADRC		
26	Nightingale Home Care, Inc.		Requests/receives 20 brochures	
26	Excel Home Health		Requests/receives 50 brochures	
26	Nutrition Manager's Council Meeting	35 providers view live NOC demo	50 Spanish and 50 English ADRC brochures distributed	
26	Aspire Home Health Care		Requests/receives 50 brochures	
27	Balboa Nursing and Rehabilitation		Requests/receives 50 brochures	
27	St. Joseph Divine Care		Requests/receives 20 brochures	
27	Fallbrook Hospital Home Health		Requests/receives 100 brochures	

27	San Diego Hospice and Palliative Care		Requests/receives 20 brochures	
27	Care South Home Health of San Diego		Requests/receives 100 brochures	
28	Blind Center Support Group	30 consumers guided through text only site for screen reader demo	50 Spanish and 50 English ADRC brochures distributed	
28	Veteran's Home, Chula Vista		100 Spanish and 100 English ADRC brochures provided	
28	Lightbridge Hospice		Requests/receives 40 brochures	
30	In Focus Radio show	ADRC staff (Frick, Greb, Shuttleworth, Velasco, Clellen) explain ADRC	Estimated 5000 listeners	Also will be posted on NOC web site so browsers may listen to broadcast at will
30	AIS contract with CDA for ADRC ends			

May 2007

San Diego Aging and Disability Resource Connection
Sustainability Plan

San Diego's Aging and Disability Resource Connection (ADRC) is funded by a three-year federal grant from the Centers for Medicare and Medicaid Services and the Administration on Aging. The grant concludes on June 30, 2007 and it is the intent of Aging & Independence Services (AIS) is to continue the initiative into the foreseeable future within existing resources, according to the original plan.

The high level goals of the grant were to provide a "one stop shop" for access to information about long term care services. San Diego's objectives were to 1) improve/enhance the Network of Care web site to serve as a frontline source of information for those who use the internet; 2) improve Call Center equipment and capacity to respond to LTC access needs; 3) to support the Call Center with the technical capabilities of the Network of Care website; and 4) to create a high level of knowledge in the community regarding the ADRC as a resource, including the new, "virtual" Long Term Care Options Counselor where San Diegans can be directed to begin planning for future life needs on-line.

Having accomplished all these goals, AIS plans to maintain the ADRC and its continuous quality improvement program, as follows:

- The Call Center, its in-house web site as well as the public ADRC website will continue to be funded by non-ADRC funds and, in combination, will continue to known as the San Diego ADRC;
- Issues with 211/Inform San Diego will be resolved by Heidi Shaffer;
- Issues with the Call Center and/or its web site will be resolved by Sharon Cordice;
- Updates to the public web site (e.g., master calendar, fall prevention page, LTC Options Counselor page), issues surfaced via the online "Feedback" button forwarded by Trilogy (web site developer) and other maintenance issues (e.g., on-going work requests) will be monitored and resolved by an assigned staff person, in coordination with other personnel involved in ADRC operations;
- Issues of a break/fix nature re: the Call Center web site will be resolved by Lourdes Ramirez or Jeff Clellen;
- Requests for information on the ADRC grant will be resolved by Evalyn Greb;
- Requests for media on the ADRC will be forwarded to Denise Nelesen;
- Joint meetings will be scheduled periodically with Access to Independence (A2i) to assist in implementing their Supplemental grant goals, cross-training Call Center staffs, and AIS will assist in completing the ADRC reports until A2i's grant concludes
- The stakeholder Advisory Group for the supplemental grant activity at A2i will continue to be the periodic Long Term Care Integration Project Planning Committee Meetings.

The overall ADRC "champion" is the AIS Director, Pam Smith, who is the lead aging advocate in the County of San Diego and will continue to insure that the ADRC maintains a high level of quality and responsiveness, as well as promoting its use as a resource for San Diegans into the foreseeable future.

Appendix B: San Diego Network of Care Survey Analyses with Questionnaires

Part I: Analysis of the First Set of Surveys and Copy of the Questionnaire

Comparison of Three San Diego Network of Care Surveys July 12, 2007

First Survey	Second Survey	Third Survey
November, 2005	March, 2006	April, 2007
10 tallied responses	8 tallied responses	20 tallied responses
15 questions	12 questions	12 questions (same)
5 demographic items	5 demographic items	5 demographic items

Overview

Paper questionnaires were distributed three times to staff members of the AIS Call Center, Elderhelp of San Diego, and 2-1-1. The purpose was to assess whether staff members, who already had their own resources for information, would think that Network of Care was an improvement, since it is a repository for educational materials and service contacts and a centralized source for providers and consumers. Some respondents corresponded or spoke to San Diego Network of Care staff, but only those written responses that were received at George Mason University were tallied.

Most of the respondents to all three surveys were female Caucasian health information providers between the ages of 35 and 64, though three of the eight in the second survey and seven of the 20 in the third survey were men. All were well accustomed to using the Internet. Four of the eight responding to the second survey were between 21 and 34, and seven out of 20 in the third survey were between 21 and 34. Two respondents were Latino/Hispanic in the first and third surveys, and 5 were Latino/Hispanic in the third. One Asian answered the second and third surveys, and a Latino-Asian answered the first.
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The wording of the questionnaire was revised after the first distribution, but not after the second. The number of questions was reduced from 15 to 12. Wording was simplified, and questions that asked for the numbers of menus used, services and articles found, and the amount of time spent were eliminated. Replacement questions were geared to the perception of usability and the quality of the information. Because of the many changes, answers to specific questions cannot be compared across all three surveys; only the last 2 will be compared in detail. There were some common themes across all three surveys.

Many respondents expressed approval of the amount and quality of the information in Network of Care. Both the articles and the service resources were seen as relevant and current. Users commented that the site was easy to navigate on the whole, though there were criticisms of specific aspects of navigation. The array of drop-down menus across the top of the screen, the icons down the left side, and the graphical features of the site received positive comments. In both the second and third surveys a majority of professionals said that they were either very likely or likely to use the site again.

By the third survey, four of the 20 responders were explicitly and spontaneously saying that the site was efficient, or a one-stop solution to finding information and services. These comments were an indication that the goal of the ADRC pilot program was being met.

The negative reactions were more individualized. One person, who appeared to have been unable to find a particular piece of information, saw the whole website in a negative light. Another, who had difficulty downloading PDF documents, focused on that problem. Remarks like these, while they do not reflect a balanced judgment of the website as a whole, should not be dismissed. They show how users actually react to websites and should be followed up with corrections made.

Specific problems with navigation were cited, such as confusion with keyword instructions, pockets of inadequate information, and links that led to pages that could not be displayed. Of the 20 respondents to the survey that was distributed after the Google-like search engine was installed, five had this problem, indicating that further work needs to be done on linkage. Since the questions were unchanged between the surveys conducted before the installation of the search engine and afterward, there was not way of establishing whether respondents actually found more information as a result of having access to this service.

The comments that NOC would be difficult for an inexperienced user to navigate were red flags, since this site is supposed to attract consumers. There should be further study to find out whether the difficulty lies in the flow from one page to another, confusing directions, inadequate information, or some other factor. The keyword search was called "not specific enough." It did not look for approximations and it did not allow narrowing of the search.

Responses to the surveys were not the only resources used to find what aspects of Network of Care needed to be improved. Comments that there were few resources for adult day care and respite care reinforced the observations made in the many conversations and meetings held during the period of the grant, leading ultimately to the development of the Long Term Care Options Counselor, the major new feature on the NOC website. Rather than separately stimulating identifiable corrections to the website, the responses to the surveys became part of the series of conversations that resulted in enhancements to the site.

Considerations for Individual Questions from the Second and Third Surveys

Questions 1-4.Usage of the Computer.

Every respondent used the computer daily. The majority used it for work, while a large minority used it for personal interests as well. The answers to this question supported the demographic information that the respondents were mainly health care professionals.

This would be a more discriminating set of questions if the survey were distributed to a broader sample. It was notable that three people used devices that helped them cope with a disability.

Question 5. What features of the NOC website worked well for you?

In the second survey six of the eight respondents said that the links and buttons worked well for them, especially the buttons and drop-down menus across the top. In the third survey, distributed after the Google like search engine was installed, all of the respondents said that some aspect of navigation, links, or the search engine worked well for them. As noted above, five people did specifically remark on links that led to nowhere, indicating that work needs to be done on the search engine. One person in the second survey and two in the third said that inexperienced users might have trouble navigating the site.

Question 6. How easy was it to find the resources? Which sites did you visit to find them?

People were directed to look for two of three topics on Network of Care, Falls Prevention, Durable Power of Attorney for Health Care, and a neighborhood Adult Day Health Center. In the second survey half of the respondents found it easy to find these resources, while in the third, 13 out of the 20 found it easy. Participants listed a total of four sites visited in the second survey and eight sites in the third. People found Falls Prevention, with its labeled icon, much more readily than information on Durable Power of Attorney for Health Care and Adult Day Health Care.

Question 7. How is the information on the NOC website useful to you?

Five of the eight respondents to the second survey and five of the 20 in the third found all of the information useful in some way. A greater proportion of participants in the third survey might have been expected to find all of the information useful. It may be that only some people come to a website with a general interest that leads them to enjoy browsing, whereas others come with specific questions in mind. If the latter do not find what they want, they may express frustration with the whole site. That did happen to some people who hit links that led to unavailable pages.

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Four specifically said that they found NOC a one-stop resource. That was a gratifying response, since the installation of the Google-like search engine enlarged the scope of the website.

Question 8. Is the depth of information adequate, too much, or too little for you?

Six of the eight in the second survey and 16 of the 20 in the third said that the information was adequate. These proportions support comments appreciating the amount of information available.

Question 9. What features were difficult to use?

Three of the eight respondents to the second survey said they found the Falls Prevention section difficult to use. Part of the problem lay in user expectations. One said that he thought the Falls Prevention icon was an ad and delayed clicking on it. Another said that there did not seem to be a search engine within that section. That person may not have hit the large link to *Stop Falls*. There might be a better way to clarify that the large *Stop Falls* icon is a link.

In the third survey, the frustration of the five people who were linked to unavailable sites must be balanced against the six people who said that there were no difficult features. In between were four people who felt that links were not straightforward and did not take them where they expected to go. So much of the response to a website depends on individual experience and expectation that it is not surprising to find this much variation.

Question 10. Was the information easy or hard to understand?

Six of the eight participants in the second survey and 18 of the 20 in the third survey found the information in the articles easy to understand. It must be borne in mind that these were health care professionals. More difficulty in understanding might be found if the survey were circulated to members of the general public.

Question 11. What additional problems did you encounter during your website experience?

Given an extra opportunity to reflect on difficulties they might have had, four of the eight persons responding to the second survey and 17 of the 20 responding to the third added nothing to what they had said before.

The ones that did comment mentioned specific information that they could not find or, in on one case, used the space to say that the information might be suitable for providers, but not for consumers.

Question 12. How likely are you to return to this website if you need similar information?

Seven of the eight persons answering the second survey and 17 of the persons answering the third survey were either likely or very likely to return to the site. This question did not encourage detailed answers.

NETWORK OF CARE USER SURVEY

Before beginning your visit to the NOC website please answer the following questions. Please circle the letter response that fits your actions. (i.e., circle a, b, c, d, etc.)

1. **How often would you say that you use a computer?**
   a) **Daily**
   b) **Frequently**
   c) **Occasionally**
   d) **Never (Please Go to Page 2)**

2. **Do you access the Internet for information?**
   a) **Yes**
   b) **No (Please Go to Page 2)**

3. **Where are you located when you use the Internet most often?(Circle any or all)**
   a) **Office**
   b) **Home (includes home office)**
   c) **Other _____**

4. **Before today, when you have looked for information on aging, disability, or long term care services or resources, where did you find this information? (i.e. Call Center/helpline, professional health provider, friend, phone book, other web pages, etc.)**

In this section, the Long Term Care Integration Project (LTCIP) would like to ask your opinion about your experience with the NOC Website.

PLEASE LOG ONTO THE SAN DIEGO NETWORK OF CARE WEBSITE (www.sandiego.networkofcare.org)

FIRST, SELECT SENIORS AND PEOPLE WITH DISABILITIES.

NEXT, SELECT THE "LIVE DEMO" BUTTON (located on the left menu bar.

BEGIN THE DEMONSTRATION TO LEARN MORE ABOUT THE WEBSITE'S FEATURES AND HOW TO FIND INFORMATION (THE DEMO IS NARRATED SO PLEASE MAKE SURE YOUR COMPUTER AUDIO IS WORKING. THE FULL DEMO WILL TAKE ABOUT 20 MINUTES TO COMPLETE.

AFTER VIEWING THE "LIVE DEMO," PLEASE SEARCH FOR PROGRAMS

AND SERVICES OR INFORMATIVE ARTICLES ON THE FOLLOWING TOPIC:

DEMENTIA

5. **Please record below the different menu options (i.e., Service Directory, Library, Assistive Devices, Links, Legislate, Rx Assistance, etc) or other websites that you visited during your search:**

_____ _____ _____
_____

_____ _____ _____
_____

6. **Approximately how many programs and services did you find?**

_____

7. Approximately how many informative articles did you find find?

_____

8. How long did it take you to find the information you were seeking during your search on the Network of Care website?

a) 15 minutes or less or less **b) 30 minutes or less** **c) 45 minutes**

d) more than 45 minutes **e) I was not able to find what I was looking for**

9. Were you able to find the information you expected to find on San Diego Network of Care?" If yes, please check here_____.

10. If No, what information would you like to have found?

11. How would you rate this computer search?

a) Satisfactory **b) Not satisfactory** **c) Other**
_____

12. Please describe your search experiences with the NOC website (i.e., easy/difficult to navigate, useful information, unable to find, etc.). Please state whether or not you found the live demo helpful. (Continue on the back of this page if you wish to add to your response.)

13. Please give more details on the positive and/or negative aspects of your experience. Please include changes OR additions you would recommend. (Continue on the back of this page if you wish to add to your response).

Thank you for completing the survey. Now we would appreciate your response to the following questions:

14. You are: a) consumer b) caregiver c) provider d) family member

15. You are: a) male b) female

16. You are: a) under 21 b) 21-34 c) 35-49 d) 50-64 e) 65-74 f) 75-84 g) 85+

17. You are: a) Latino/Hispanic b) White or Caucasian c) African-American d)Asian e) Native American f) Native Pacific Islander g) Other (please define)

_____

18. If you are caring for a person, please state their:

Age _____

Ethnicity _____

Disability (if relevant) _____

THANK YOU FOR YOUR TIME AND OPINION!

Part II: Analysis of the Second Set of Surveys and Copy of the Questionnaire

Long Term Care Options Counselor User Survey **May 15, 2007**

First Survey Analysis	Second Survey Analysis	Third Survey Analysis
November 9, 2006	December 4, 2006	May 1, 2007
10 questions	10 questions	10 questions
21 responses	30 responses	28 complete responses 1 added narrative 2 e-mailed comments

Overview

Over the past several months we have solicited review and comment on the San Diego Long-Term Care Options Counselor (LTCOC) via an online survey. Respondents were solicited via e-mail notification from among stakeholders interested in the Long-Term Care Integration Project. While the number of respondents increased with each survey, the amount of feed back was quite limited. Nonetheless each interaction provided insights that are helpful to improving the LTCOC.

The pattern of the responses was similar in all three surveys, with the fewest being provided for the most open-ended question, Number 5. The typical respondent in all three surveys was roughly the same. She was a Caucasian health care provider between the ages of 50 and 64, who was more likely to be searching for professional answers than for personal ones. All of the respondents were computer-literate. Over three surveys the LTCOC was modified based on the feedback provided with the most recent significant change being its addition to the Network of Care web site with an enhanced introduction on the importance of LTC planning. The report comments on the feedback received as well as how that feedback was solicited by the survey instrument.

Considerations for Individual Questions

Question 1. "Which ***sites*** on the Long Term Care Options Counselor did you visit?" This question showed the biggest change in the amount of detail the respondents provided. This change is probably attributable to the re-wording of the question. The term "sites" was the word used on the first two surveys. In the first survey respondents listed a total of 37 sites, and in the second they listed 42 sites.

On the most recent survey, the question read, "Which ***chapters or sections*** of the Long Term Care Options Counselor did you visit?" Only 18 sites were listed. Sixteen people did not go into detail, merely saying that they had visited all of the chapters. It is not clear if this wording change was an improvement to our ability to get information. There appeared to be inconsistent understanding in the third survey about the meaning of *chapter* or *section*. The respondents' list contains a mixture of chapter headings and

smaller site headings. The lists in the first two surveys showed a little of the same confusion, but were mainly headings for pages within the major chapters.

We suggest re-wording the question to read, *"Now that you have looked at all seven chapters, which **chapters or sections of chapters** did you spend the most time on and why?"* This wording would remind respondents that they had been asked to look at all of the chapters in the introduction to the survey. Using ***chapter*** for the seven large divisions of LTC OC and ***sections of chapters*** for the smaller parts within them clarifies the meaning of both words and emphasizes the hierarchical organization of LTC OC. Instead of just generating a list, this new wording should elicit more meaningful responses that can be related to the answers to following questions.

Question 2. Please comment on the usefulness of the Long Term Care Options Counselor information. Was it easy or hard to understand?"

Most people said that the site was easy to navigate, that there were many links to specific organizations, and that the information was of good quality and very comprehensive. The majority found the site easy to navigate. It was said to be user-friendly and a good resource for caregivers and volunteers.

Specific features that are mentioned frequently in this question and the first question might be red-flagged for closer study, either because they are models for good design or because they need to be altered. For example, the comments that material was well organized could be followed up to determine what organizational methods worked well. The comments about a lack of information for persons with disabilities could be followed up to determine why the users could not find the information that is provided. Comments about the overwhelming nature of the material could be followed up to see if there is a more approachable way to organize it.

Question 3. Please comment on the depth of the information provided. Was it adequate, too much, or too little for you?

Cognitive Disabilities

The most important criticism that arose from this question was that four people commented on the lack of information about cognitive disabilities. This problem may arise chiefly because there is no specific category in LTCOC, either in the major seven chapters or in the smaller sections, for people with life-long physical or mental disabilities. LTCOC is aimed at healthy people who may encounter problems as they age.

We suggest adding a heading to the first page of the Types of Long Term Care chapter labeled for persons who have life-long physical and mental conditions. This section could have the same links to articles and services that the *Seniors and People with Disabilities* and the *Mental/Behavioral Health* divisions have. Specific directions and/or links could also be installed to take users to the *Mental/Behavioral Health* site. In fact,

through the Service Directory, Types of Long Term Care already has links to services for persons with developmental disabilities, but the first page does not make that clear.

Priority for Local and Regional Information

Two people answering Question 3 said that information on San Diego and California should be given priority and that information from other states, such as Massachusetts and Oregon, should be given much less prominence, though it should still be included.

Some of this apparent featuring of other states over California can be attributed to chance. If the user goes to Services and Programs from within the Falls Prevention site, the item at the top of the list is "Massachusetts Elder Health Tips, Seniors and Gambling." Most of the other links in Falls Prevention do go straight to information about San Diego and California or to general information.

Searching for chance links like this can be part of a regular inventory, or regular users and the San Diego Network of Care personnel can just note links like this and have them corrected when they are encountered. It may be that such linkages cannot always be corrected because of the way the search engine works.

Question 4. Please identify any section on the Long Term Care Options Counselor with which you had problems. Please describe what you would prefer.

This question served its purpose by encouraging users to focus on particular problems they encountered, though they also listed problems in Question 2, 3, and 5. Problems with the overwhelming nature of the material and with links were most frequent. These comments will be summed up and discussed in the commentary on Question 5.

Question 5. Please add any other observations you may have about the Long Term Care Options Counselor.

Should This Question Be Used?

Although this question invited responses similar to those of Questions 3 and 4, we think that it is still a good idea to include it as an open-ended question. It does encourage respondents to think again and to step back, looking at LTC OC as a whole. If we wanted to introduce another question and still limit respondent burden, this question could be combined with question 4.

This question consistently received fewer responses than any of the others; some people answered either Question 4 or Question 5, but not both. In the third survey 15 people answered both questions, 6 answered one but not the other, and 5 answered neither. It may be that they thought that Question 5 was redundant. We think that it is still worth retaining Question 5 to capture responses that were not sparked by the wording in the previous two questions. We note that the percentage of people who responded to Question 5 has increased from the first to the third survey and that the accumulated

number of comments has increased, too, as the following table shows. This increase probably reflects a more interested thorough response than an identification of new problems.

Responses to Questions # 4 and # 5

	First Survey 76% answered #4 57% answered # 5	Second Survey 83% answered #4 67% answered #5	Third Survey 96% answered #4 82% answered #5
Items listed in # 4	9	10	15
Items listed in # 5	8	7	20

Overwhelming Nature of the Material and Problems with Links

These responses will be considered together because they may be related. Across the three surveys, problems with finding material were mentioned.

	Survey 1 21 responses	Survey 2 30 responses	Survey 3 28 responses
Overwhelming material	not mentioned	12	8
Links	6	4	16

It is hard to know how to provide comprehensive resources along with a reassuring perception that the information is manageable. *Long Term Care Options Counselor* already does what some respondents suggested. It lists seven general chapters on the introductory page, and it introduces each chapter with thought-stimulating questions. It carefully explains that general information is presented first, with the option provided to delve deeper and go into more detail.

A superficial, but possibly effective, remedy would be the addition of breadcrumbs to the LTC OC site. San Diego Network of Care already has them, so the program is in place. Breadcrumbs at the top of a web page show the path that users have followed to get where they are, so that they can see the logical connections, e.g. *Falls Prevention* > *Library* > *Services/Programs* > *Adult Day Care Centers.* Research shows that less experienced users prefer a clear hierarchical structure that they can follow.

Another way to accomplish the need for orientation would be to increase the visibility of the HOME link in the banner at the top of the page. One person suggested adding a HOME link to the bottom of the page, but there already is one at the top. The link VISIT OUR MENTAL HEALTH SITE is on the banner of the *Seniors and People with Disabilities* pages; it could be added to the LTC OC pages.

Another problem for inexperienced users is the feeling of being lost when transferred out of the LTC OC website to an agency website, such as In Home Supportive Services. Perhaps a box could come up telling users that they are leaving LTC OC and that they can come back to it by closing the new site.

A deeper approach would be to find out, perhaps by interviews or a teleconferenced focus group, why so many responders felt that the information was overwhelming. It is possible that the persons surveyed for LTC OC were not overwhelmed themselves, but felt a great deal of empathy for the elderly and persons with disabilities. As health care providers, they could envision how members of these populations would approach the website. Members of a focus group might have suggestions based on strategies that they have seen users adopt.

Over time, problems with specific links will be recognized and corrected, as will gaps or inaccuracies in information. From time to time, San Diego Network of Care and Trilogy might want to review their schedules and methods for detecting errors. Users could be specifically encouraged to report errors or gaps in the Feedback section.

Question 6. Do you feel inclined to actively pursue long term care plans for yourself after reviewing the *Long Term Care Options Counselor*?

Considering that LTC OC is meant to encourage users to be proactive about long- term care for themselves and for their families, the high proportion of negative responses on all three surveys was disappointing. It would have been helpful to have asked for reasons, so that we would know whether people were unconvinced by the site itself or just did not feel that this was the right time in their lives to be thinking about long term care. It may be that a split of slightly more than half negative responses and slightly less than half positive responses is the kind of response that public pollsters would expect, and that we are in line with expectations.

	First Survey 21 responses	Second Survey 30 responses	Third Survey 28 responses	TOTALS 79
Yes	10	13	11	34
No	8	14	14	36
No answer	3	3	3	9

Question 7. Would you refer any of the following persons to *Long Term Care Options Counselor*?

We can tell from the table below that respondents initially were most reluctant to refer their parents and family members to LTC OC, but that they became more willing by the third survey. Willingness to refer friends and colleagues also increased across the survey. We do not know whether or not some people took the survey more than once; if so, familiarity with the question would have influenced the response. In all cases, there was a

noticeable reluctance to answer at all. It would have been helpful to ask respondents to give reasons for their choices.

	First Survey 21 responses	Second Survey 30 responses	Third Survey 28 responses	TOTALS 79	% 100
Mother or Father					
Yes	6	8	17	31	39
No	4	5	4	13	16
No answer	8	17	7	32	41
Other family member					
Yes	14	22	20	56	71
No	1	1	3	5	6
No answer	6	7	5	18	23
Friend					
Yes	15	23	19	57	72
No	1	2	3	6	8
No answer	5	5	6	16	20
Colleague					
Yes	13	19	23	55	70
No	1	2	1	4	5
No answer	4	9	4	17	22

Question 8. How familiar are you with the computer?

Respondents were very familiar with the computer and with Internet searching.

Question 9. If you use the Internet, for which of these purposes do you use it most?

The main purposes for using the Internet were work, personal searches, education, and entertainment, in that order.

If Questions 8 and 9 were combined in some way, there would be space for a deeper question within a 10-question survey.

Question 10. What are your personal characteristics? Please give your purpose in using Network of Care, your age range, your ethnicity, your gender. Do you care for a specific person or persons?

Most people filled in all the categories without difficulty. People are very accustomed to such questions in surveys.

The typical respondent was a Caucasian woman between the ages of 50 and 64. She was a health care provider who was more likely to be searching for professional answers than for personal ones. This profile has been constant across the surveys

Overall Impression

People who had visited all of the chapters in LTC OC were more likely to view the site favorably than people who had visited only selected sites.

Favorable Responses

	Number	Percent		Number	Percent
Visited all chapters	16	57%	Visited selected chapters	12	43%
Favorable, with no reservations	6	38%	Favorable, with no reservations	3	25%
Favorable, with reservations	8	50%	Favorable, with reservations	8	66.7%
Unfavorable	2	12.50%	Unfavorable	1	8.3%

San Diego Network of Care *Long Term Care Options Counselor*

Questionnaire (Paper Version)

The Network of Care web-based information site contains information related to health and social service resources for seniors and persons with disabilities. The site was developed for Aging and Independence Services. On the next few pages we ask you to complete a survey of a new feature on the Network of Care. In the survey, we ask you to describe your experience as you search for information using the *Long Term Care Options Counselor*. We thank you for contributing your valuable time and expertise. By sharing your experience with us, you will help us identify those features that you and others seek from the Network of Care website.

Please answer the questions in the spaces provided.

1. Which chapters or sections on the *Long Term Care Options Counselor* did you visit?

2. Please comment on the usefulness of the *Long Term Care Options Counselor* information. Was it easy or hard to understand?

3. Please comment on the depth of the information provided. Was it adequate, too much, or too little for you?

4. Please identify any section on the *Long Term Care Options Counselor* with which you had problems. Please describe what you would prefer.

5. Please add any other observations that you may have about the *Long Term Care Options Counselor*.

6. Do you feel inclined to actively pursue long term care plans for yourself after reviewing the *Long Term Care Options Counselor*?

Yes ___ No _____

7. Would you refer any of the following persons to *Long Term Care Options Counselor*?

Mother or Father	Yes ____	No _____
Other family member	Yes ____	No _____
Friend	Yes ____	No _____
Colleague	Yes ____	No _____

8. How familiar are you with the computer?

Use for any purpose	Daily ____	Often ____
Use to search Internet	Daily ____	Often ____

9. If you use the Internet, for which of these purposes do you use it most?

Work	☐
Home-based business	☐
Entertainment or hobbies	☐
Personal searches	☐
Education	☐
Overcome disability	☐
Other (please specify)	__Continuing education_____

10. What are your personal characteristics? Please give your purpose in using Network of Care, your age range, your ethnicity, your gender. Are you a caregiver for a specific person or persons? Please check the appropriate response.

Purpose	consumer __	caregiver __	provider __	family __social worker__
Age range	under 21 __	24-34 __	35-49 __	50-64 __
	65-74 __	75-84 __	85+ __	
Ethnicity	Latino __	Caucasian __	Asian __	African American __
	Pacific Islander __	Native American __	Other _____	
Gender	Male __	Female __		
Caregiver?	Yes __	No __		